## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 22, 2005 08:00. AM Secretary of State

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DOCUMENT # P02000076954  1. Entity Name MARY LEWIS REALTY INC.		Secretary of State
Principal Place of Business Mailing Address	<del></del> -	
7082 CALICO CIRCLE 7082 CALICO CIRCLE		
TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303		
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DO NOT WOITE IN THE COA	CE	03092005 No Chg-P CR2E034 (10/03)
, DO NOT WRITE IN THIS SPA		4. FEI Number Applied For 13-4204379 Not Applicable
		5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current Registered Agent		
LEWIS, MARY E 7082 CALICO CIRCLE TALLAHASSEE, FL 32303		DO NOT WRITE IN THIS SPACE
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registe	red Agent signature require	d when refinitating) DATE
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution		.00 May Be ded to Fees
10. OFFICERS AND DIRECTORS		
THE P		·
NAME LEWIS, MARY E STREET ADDRESS 7082 CALICO CIRCLE		
CITY-ST-ZIP TALLAHASSEE, FL 32303		U00000272511
TITLE V	1	03/22/05-80007-014 150.00
NAME LEWIS, RAY P SR. STREET ADDRESS   7082 CALICO CIRCLE		
CITY-ST-ZIP TALLAHASSEE, FL 32303	_i	
TITLE		
NAME STREET ADDRESS	Į	
CITY-ST-ZIF	l l	DO NOT WRITE
TITLE	1	IN THIS SPACE
Name		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: May By SIGNATURE OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS
CJTY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CJTY-ST-ZIP
TITLE
NAME
STREET ADDRESS

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