## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Aug 04, 2004 8:00 am Secretary of State **DOCUMENT # P02000085042** 1. Entity Name 08-04-2004 90018 024 \*\*\*158.75 MARYMAC, INC. Principal Place of Business Mailing Address 1701 LAKEWOOD DRIVE S. 1701 LAKEWOOD DRIVE S. ST. PETERSBURG, FL 33712 ST. PETERSBURG, FL 33712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 55-0791098 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ER MEYER, MARKK Street Address (P.O. Box Number is Not Acceptable) 1701 LAKEWOOD DRIVE S. ST. PETERSBURG, FL 33712 City Zip Code 8. 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: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. Delete TITLE TITLE MEYER, MARY K MEYER, MARKYK NAME (correction/typo) NAME 1701 LAKEWOOD DRIVE S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL. 33712 CITY-ST-7/P Change ☐ Addition TITLE Delete TITLE MCALEESE, DANIEL F NAME NAME STREET ADDRESS STREET ADDRESS 1701 LAKEWOOD DRIVE S. ST. PETERSBURG, FL 33712 CITY-ST-ZIP CITY-ST-ZIP Change Addition Ď TITLE ☐ Delete TITLE LUCAS, LINDA NAME NAME STREET ADDRESS 4200 54TH AVE, SOUTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33711 CITY-ST-ZIP Change Change Addition Delete ΠΠF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ππε Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

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 repeiver 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:

MARY K, MEYER 12 July 2004 721-363-400 Deytine Prione #