

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90105 005 ***158.75

DOCUMENT # P02000085042

1. Entity Name
MARYMAC, INC.



Principal Place of Business
**1701 LAKEWOOD DRIVE S.
ST. PETERSBURG, FL 33712**

Mailing Address
**1701 LAKEWOOD DRIVE S.
ST. PETERSBURG, FL 33712**

50011372



2. Principal Place of Business
GRACE O'MALLEY'S IRISH PUB + REST.
Suite, Apt. #, etc.

3. Mailing Address
250 75th AVENUE
Suite, Apt. #, etc.

03222006 Chg-P CR2E034 (11/05)

City & State
ST. PETE BEACH, FL
Zip
33706 Country
USA

City & State
Zip Country

4. FEI Number
55-0791098

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MEYER, MARY K
1701 LAKEWOOD DRIVE S.
ST. PETERSBURG, FL 33712**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTS
MEYER, MARY K
1701 LAKEWOOD DRIVE S.
ST. PETERSBURG, FL 33712** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MCALEESE, DANIEL F
1701 LAKEWOOD DRIVE S.
ST. PETERSBURG, FL 33712** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LUCAS, LINDA
4200 54TH AVE. SOUTH
ST. PETERSBURG, FL 33711** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Mary K. Meyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 March 2006

Date

727-363-4007
Daytime Phone #