


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000002728</b> 1. Entity Name <b>MARY ELLEN DIEZ, P.A.</b>	
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Principal Place of Business <b>1120 LARCHMONT DR. ENGLEWOOD, FL 34223</b>	Mailing Address <b>1120 LARCHMONT DR. ENGLEWOOD, FL 34223</b>
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**DO NOT WRITE IN THIS SPACE**



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>56-2315930</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
  
**FLOYD, MARY ANN D  
737 SOUTH INDIANA AVE.  
ENGLEWOOD, FL 34223**

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000909076 05/06/08-80056-008 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIEZ, MARY E 1120 LARCHMONT DR. ENGLEWOOD, FL 34223
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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 Ellen Diez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/16/08 (941) 474-1086  
Daytime Phone #