

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000097709

Entity Name: MARY ANDRE'S, INC.

FILED
Jun 01, 2005
Secretary of State

Current Principal Place of Business:

1262 S JOHN YOUNG PKWY
KISSIMMEE, FL 34741

New Principal Place of Business:

318 N. DILLINGHAM AVE
KISSIMMEE, FL 34741

Current Mailing Address:

1262 S JOHN YOUNG PKWY
KISSIMMEE, FL 34741

New Mailing Address:

318 N. DILLINGHAM AVE
KISSIMMEE, FL 34741

FEI Number: 20-1932031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, LUISA R
1262 S JOHN YOUNG PKWY
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

GARCIA, LUISA R
318 N. DILLINGHAM AVE
KISSIMMEE, FL 34741 US

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.

SIGNATURE:

06/01/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GARCIA, LUISA R
Address: 2411 KAM CT
City-St-Zip: KISSIMMEE, FL 34744

Title: DVT () Delete
Name: BISLIK, RUDOLF G
Address: 2411 KAM CT
City-St-Zip: KISSIMMEE, FL 34744

Title: DS () Delete
Name: GARCIA, ABRAHAM S
Address: 819 COUNTRY CROSSING
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GARCIA, LUISA R
Address: 318 N. DILLINGHAM AVE
City-St-Zip: KISSIMMEE, FL 34741

Title: DVT (X) Change () Addition
Name: BISLIK, RUDOLF G
Address: 318 N. DILLINGHAM AVE
City-St-Zip: KISSIMMEE, FL 34741

Title: DS (X) Change () Addition
Name: GARCIA, ABRAHAM S
Address: 318 N. DILLINGHAM AVE
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUISA GARCIA

DP

06/01/2005

Electronic Signature of Signing Officer or Director

Date