

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 8:00 am
Secretary of State

08-08-2007 90067 024 ***150.00

DOCUMENT # P05000061543 1. Entity Name MARY M. DONOVAN, P.A.					
Principal Place of Business 714 SNUG ISLAND CLEARWATER, FL 33767			Mailing Address 714 SNUG ISLAND CLEARWATER, FL 33767		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-2766254	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DONOVAN, MARY M 714 SNUG ISLAND CLEARWATER, FL 33767				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONOVAN, MARY M 714 SNUG ISLAND CLEARWATER, FL 33767	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Mary Donovan</i> MARY M DONOVAN Pres. 8-4-07 727 560-1985					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

ATTACHMENT

242



40128577

#POS000061543

Sand Key Realty
Sales & Rentals, Inc.

740 Gulfview Boulevard South
Clearwater Beach, FL 33767
(727) 443-0032

2701 Gulf Boulevard
Indian Rocks Beach, FL 33785
(727) 595-5441

TO WHOM IT MAY CONCERN.

SOMEHOW, SOMEWAY, WE DID NOT
RECEIVE NOTICE OF PAYMENT. WE ARE
VERY PROMPT PEOPLE. WE ARE SORRY FOR
THE CONFUSION. PLEASE ACCEPT OUR
PAYMENTS TO KEEP OUR CORP. OPEN.

THANK YOU,

PS WE ARE NOT SURE HOW MUCH
TO PAY BUT MY C.P.A SAYS
150 EACH. ?