

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000002310

Entity Name: MARY'S IMPORTS, INC.

FILED
Jan 14, 2005
Secretary of State

Current Principal Place of Business:

597 SOUTH EDGEWOOD AVE.
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

10758 FALL CREEK DRIVE WEST
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 59-3366073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEPRELL, SAMUEL L
1930 SAN MARCO BLVD.
STE. 201 - ST. MARK'S PLACE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COMBS, MARY L
Address: 10758 FALL CREEK DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32222

Title: VPD () Delete
Name: COMBS, PHILLIP
Address: 10758 FALL CREEK DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32222

Title: ST () Delete
Name: COMBS, JOHN N
Address: 10758 FALL CREEK DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARY COMBS

Electronic Signature of Signing Officer or Director

OWNE

01/14/2005

Date