

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90244 015 \*\*\*158.75

**DOCUMENT # P96000002310**

1. Entity Name  
**MARY'S IMPORTS, INC.**

Principal Place of Business  
**597 SOUTH EDGEWOOD AVE.  
JACKSONVILLE, FL 32205**

Mailing Address  
**10758 FALL CREEK DRIVE WEST  
JACKSONVILLE, FL 32222**

2. Principal Place of Business - No P.O. Box #  
**5062 West Beaver St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**10758 Fall Creek Dr. West**  
Suite, Apt. #, etc.

City & State  
**Jacksonville Florida**  
Zip  
**32254** Country  
**U.S.A**

City & State  
**Jacksonville Florida**  
Zip  
**32222** Country  
**U.S.A**

01052007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3366073** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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, 2007 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  
**PD  
COMBS, MARY L  
10758 FALL CREEK DRIVE WEST  
JACKSONVILLE, FL 32222** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
COMBS, PHILLIP  
10758 FALL CREEK DRIVE WEST  
JACKSONVILLE, FL 32222** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
COMBS, JOHN N  
10758 FALL CREEK DRIVE WEST  
JACKSONVILLE, FL 32222** ☐ 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

TITLE  
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: **John Combs**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-6-07** **904-389-1212**  
Date Daytime Phone #