

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000016347**

1. Entity Name  
**MARYFLOWER, INC.**



Principal Place of Business  
**1301 GREENLEA DR.  
HOLIDAY, FL 34691**

Mailing Address  
**PO BOX 1195  
TARPON SPRINGS, FL 34688**



01212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3426450**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KASTRITSOS, MARIA  
1301 GREENLEA DR.  
HOLIDAY, FL 34691**

**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

*Kastritsos*

Signature, typed or printed name of registered agent and type if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KASTRITSOS, MARIA
STREET ADDRESS	1301 GREENLEA DR.
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	SD
NAME	KASTRITSOS, MARIA
STREET ADDRESS	1301 GREENLEA DR.
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000100834  
04/01/04-80022-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Kastritsos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04

Date

727-938-4938

Daytime Phone #