

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000081038

FILED
Jan 29, 2004
Secretary of State

Entity Name: MARY LOVE RIDGE SERVICES, INC.

Current Principal Place of Business:

C/O JONATHAN H. GREEN & ASSOCIATES, P.A.
799 BRICKELL PLAZA SUITE 700
MIAMI, FL 331312816

New Principal Place of Business:

Current Mailing Address:

999 B HAMILTON DR
HOMESTEAD, FL 33034

New Mailing Address:

FEI Number: 65-0781364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOVERDIGE, MARY K
999 B HAMILTON DR
HOMESTEAD, FL 33034 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: D () Delete
Name: GREEN, JONATHAN H
Address: 799 BRICKELL PLAZA STE 700
City-St-Zip: MIAMI, FL 331312816

Title: D () Delete
Name: LOVERIDGE, MARY K
Address: 999 C HAMILTON DR
City-St-Zip: HOMESTEAD, FL 33034

Title: VP () Delete
Name: LOVERIDGE, FREDERICK JR
Address: 10813 SW 188 ST
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LOVERIDGE, MARY K
Address: 999 B HAMILTON DR
City-St-Zip: HOMESTEAD, FL 33034

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 K LOVERIDGE

D

01/29/2004

Electronic Signature of Signing Officer or Director

_____ Date