2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000081038

City-St-Zip:

MIAMI, FL 33157

Entity Name: MARY LOVE RIDGE SERVICES, INC.

FILED Jan 28, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
C/O JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLAZA SUITE 700 MIAMI, FL 331312816				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
999 B HAMILTON DR HOMESTEAD, FL 33034			5725 SUWANEE PARK COURT JACKSONVILLE, FL 32244	
FEI Number: 65-0781364	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
LOVERDIGE, MARY K 999 B HAMILTON DR HOMESTEAD, FL 33034	US	LOVERDIGE, MARY K 5725 SUWANEE PARI JACKSONVILLE, FL 3	COURT	
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: MARY K. L	OVERIDGE		01/28/2005	
Electronic Signature of Registered Agent Date			Date	
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: D () D	Delete	Title:	() Change () Addition	

GREEN, JONATHAN H Name: Name: Address: 799 BRICKELL PLAZA STE 700 Address: City-St-Zip: MIAMI, FL 331312816 City-St-Zip: Title: () Delete Title: () Change () Addition LOVERIDGE, MARY K Name: Name: Address: 999 B HAMILTON DR Address: HOMESTEAD, FL 33034 City-St-Zip: City-St-Zip: VP () Delete LOVERIDGE, FREDERICK JR Title: Title: () Change () Addition Name: Name: Address: 10813 SW 188 ST Address:

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.

City-St-Zip:

SIGNATURE: MARY K. LOVERIDGE PRES 01/28/2005