

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000081038

FILED  
Jan 04, 2006  
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:

5725 SUWANEE PARK COURT  
JACKSONVILLE, FL 32244

## 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  
5725 SUWANEE PARK COURT  
JACKSONVILLE, FL 32244 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 B 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: 5725 SUWANEE PARK CT.  
City-St-Zip: JACKSONVILLE, FL 32244

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 Chapter 119, 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 LOVERIDGE

PRES

01/04/2006

Electronic Signature of Signing Officer or Director

Date