2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNOAL	LFORT (AR	1		اداد
DOCUMENT # \$42407  1. Entity Name				Feb 03, 2005 0 Secretary of	
MARY MINING COMPANY, INC.				Secretary of	· State
Principal Pla	ce of Business	Mailing Address			
		PO BOX 21			
2200 TAMPA FL	33602	TAMPA FL 33601	=	) E (001/02/2011/01/2011/01/2011/01/2011/01/2011/01/2011/01/2011/01/2011/01/2011/01/2011/01/2011/01/2011/01/201	INTE MINTE SITUIT BINIT MINITUUS II INTEI
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc.		1st MOORE CR2E034 (10/04)	
City & State		City & State		4. FE! Number 65-0254548	Applied For Not Applicab
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registers	d Agent
Name					
MCLEAN, WILLIAM C. JR. 201 N FRANKLIN STREET 2200		Street Address		(P.O. Box Number is Not Acceptable)	
TAMPA FL 33602					
			City	<u> </u>	Zip Code
8. The above the obliga	named entity submits this statement for trons of registered agent.	r the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I a	_
SIGNATURE					
	Signature typed or printed name of registered agent	and title if applicable (NOTE	Registered Agent signature reduit	rod when reinstating) DAT	<u> </u>
After	FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department o			9. Election Campaign Fina Trust Fund Contribution	
10. OFFICERS AND DIRECTORS			111.	ADDITIONS/CHANDER TO THE LEEP A	ND DIRECTORS IN 11
TeTLÉ	PT	☐ Delete	THEE	02/03/05-80025-0	
NAME	MCLEAN, WILLIAM C JR		NAME		
STREET ADDRESS CITY-ST-ZIP	201 N FRANKLIN STREET TAMPA FL 33602		STREET ADDRESS CHY-SY-ZIP		
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NAME	DENKER, IRENE	LI Delete	NAME		Change Addiffe
STREET ADDRESS	2358 ECUADORIAN WAY UNIT 2		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL 33763	· · -·	CITY-SI-31P		
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NAME STREET ADDRESS			NAM!		
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12. Thereby 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: LULLIAM C. MCLERN, TR 2/01/05 (813) 273-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylore Phone II