

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000081591

**Entity Name:** ST MARYS ENTERPRISES INC

**Current Principal Place of Business:**

11290 OLD ST AUGUSTINE ROAD  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

11290 OLD ST AUGUSTINE ROAD  
JACKSONVILLE, FL 32257 US

**FEI Number:** 46-3888745

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEWAN, DEVRY E  
7006 ATLANTIC BLVD  
JACKSONVILLE, FL 32211 US

*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

**Officer/Director Detail :**

Title P,T  
Name NAMMOUR, NAMMOUR  
Address 7006 ATLANTIC BLVD  
City-State-Zip: JACKSONVILLE FL 32211

Title VP,S  
Name ANTAR, NICHOLAS  
Address 7006 ATLANTIC BLVD  
City-State-Zip: JACKSONVILLE FL 32211

Title D  
Name ANTAR, ROBERT  
Address 7006 ATLANTIC BLVD  
City-State-Zip: JACKSONVILLE FL 32211

Title D  
Name ANTAR, GEORGE  
Address 7006 ATLANTIC BLVD  
City-State-Zip: JACKSONVILLE FL 32211

Title D  
Name AKEL, SALEEM  
Address 7006 ATLANTIC BLVD  
City-State-Zip: JACKSONVILLE AL 32211

Title D  
Name NAMMOUR, CAMELL  
Address 7006 ATLANTIC BLVD  
City-State-Zip: JACKSONVILLE FL 32211

*I hereby 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 all other like empowered.*

**SIGNATURE:** NAMMOUR NAMMOUR

**PRESIDENT**

**01/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date