

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000061747

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC6360322279**

**Entity Name:** ST MARYS ENTERPRISES #2 INC.

**Current Principal Place of Business:**

705 HORTONS TRACE  
ST AUGUSTINE, FL 32095

**Current Mailing Address:**

705 HORTONS TRACE  
ST AUGUSTINE, FL 32095 US

**FEI Number:** 81-3366317

**Certificate of Status Desired:** No

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

NAMMOUR, NAMMOUR  
705 HORTONS TRACE  
ST AUGUSTINE, FL 32095 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  
Name ANTAR, NICHOLAS  
Address 705 HORTONS TRACE  
City-State-Zip: ST AUGUSTINE FL 32095

Title VP  
Name NAMMOUR, NAMMOUR  
Address 705 HORTONS TRACE  
City-State-Zip: ST AUGUSTINE FL 32095

Title S  
Name AKEL, SALEEM  
Address 705 HORTONS TRACE  
City-State-Zip: ST AUGUSTINE FL 32095

Title T  
Name ANTAR, ROBERT  
Address 705 HORTONS TRACE  
City-State-Zip: ST AUGUSTINE FL 32095

Title D  
Name NAMMOUR, CAMELL  
Address 705 HORTONS TRACE  
City-State-Zip: ST AUGUSTINE FL 32095

Title D  
Name ANTAR, GEORGE  
Address 705 HORTONS TRACE  
City-State-Zip: ST AUGUSTINE FL 32095

*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

**VICE PRESIDENT**

**01/09/2017**

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

\_\_\_\_\_  
Date