

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90022 038 \*\*\*150.00



**DOCUMENT # P99000066041**  
 1. Entity Name  
**MARTRU, INC.**

Principal Place of Business      Mailing Address  
 3750 NORTH U.S 27 HWY      3750 NORTH U.S 27 HWY  
 SEBRING, FL 33870      SEBRING, FL 33870  
 Suite 3-B      Suite 3-B

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

01052004      Chg-P      CR2E034 (10/03)



**6. Name and Address of Current Registered Agent**  
 MARGIE JANE OSBORNE  
 4217 SHAD DR.  
 SEBRING, FL 33870

4. FEI Number      Applied For.  
**65-0939237**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | OSBORNE, MARGIE       |                                 |
| STREET ADDRESS | 3750 NORTH U.S 27 HWY |                                 |
| CITY-ST-ZIP    | SEBRING, FL 33870     |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | OSBORNE, JOHN 111     |                                 |
| STREET ADDRESS | 4217 SHAD DR.         |                                 |
| CITY-ST-ZIP    | SEBRING, FL 33870     |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. I hereby 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:** *Margie Jane Osborne*      1-7-04      863-386-5354  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #