

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 267363

FILED
Jan 09, 2006
Secretary of State

Entity Name: MART-ONE, INCORPORATED

Current Principal Place of Business:

502 BEN CHRISTOPHER RD.
P.O. BOX 521
COLUMBUS, MS 39702 US

New Principal Place of Business:

502 BEN CHRISTOPHER RD.
COLUMBUS, MS 39702 US

Current Mailing Address:

240 ALABAMA STREET
COLUMBUS, MS 39702 US

New Mailing Address:

FEI Number: 59-1001182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STIVERS, JOHN E.
BAY POINT
PANAMA CITY BCH, FL 39701 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: PTD () Delete
Name: HUGHES, MITZI,
Address: 605 2ND AVE N
City-St-Zip: COLUMBUS, MS

Title: SD () Delete
Name: HUGHES, THOMAS,
Address: 605 2ND AVE N
City-St-Zip: COLUMBUS, MS

Title: D () Delete
Name: SPENCER, TERESA,
Address: 605 2ND AVE N
City-St-Zip: COLUMBUS, MS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: HUGHES, MITZI,
Address: 502 BEN CHRISTOPHER ROAD
City-St-Zip: COLUMBUS, MS 39702

Title: SD (X) Change () Addition
Name: HUGHES, THOMAS,
Address: 502 BEN CHRISTOPHER ROAD
City-St-Zip: COLUMBUS, MS 39702

Title: D (X) Change () Addition
Name: SPENCER, TERESA,
Address: 240 ALABAMA STREET
City-St-Zip: COLUMBUS, MS 39702

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: MITZI HUGHES

Electronic Signature of Signing Officer or Director

PRES

01/09/2006

Date