

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000006165	
1. Entity Name CT ASSOCIATES OF MARYLAND, INC.	
Principal Place of Business 4700 CORRIDOR PL., STE. A BELTSVILLE, MD 20705	Mailing Address 4700 CORRIDOR PL., STE. A BELTSVILLE, MD 20705



FILED
Jul 17, 2008 08:00 AM
Secretary of State



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1708866	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TINI, CHARLES A
160 CREPE MYRTLE DR
GROVELAND, FL 34736

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	TINI, CHARLES
STREET ADDRESS	4700 CORRIDOR PL A
CITY-ST-ZIP	BELTSVILLE, MD 20705
TITLE	S
NAME	JACKSON, MARSHA S
STREET ADDRESS	4700 CORRIDOR PL., STE. A
CITY-ST-ZIP	BELTSVILLE, MD 20705
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000355363
07/17/08-80001-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/2008

Date

301.595.5191

Daytime Phone #