2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 01, 2006 08:00 AM **DOCUMENT # J13127 Secretary of State** 1. Éntity Name MARTIN COUNTY PROBATION, INC. Principal Place of Business Mailing Address 311 W. 3RD ST. 311 W. 3RD ST. STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2660207 Not Applicable Zip Ζıρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PREWITT, JERRY C. 311 W. 3RD ST. Street Address (P.O. Box Number is Not Acceptable) STUART FL 33994 City 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 Typed or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PST RILE ☐ Delete THE ☐ Change ☐ Addisi. 11000000413392 MARIE PREWITT, JERRY C. 02/10/06-80086-023 150.00 STREET ADDRESS 311 W 3RD ST STREET ADDRESS CITY - ST - 7(P STUART FL CITY-ST-ZIP RUE Delete TITLE Change ☐ Addiic NAME MAME STREET ADDRESS STREET ADDRESS City-St-Zip CITY-ST-ZIP IMLE ☐ Delete TITLE Change ☐ 4.66% NAME NAME STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete ☐ Change A Addition MALK MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE ☐ Change □ Add® NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST- ZIP BHE Detete TITLE □ Change ☐ Add": NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE

Jarry c. Prewitt 1-30-06 772-283-221

FILED