## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000055333**1. Entity Name

MARTHA J. PIKE, P.A.



FILED Mar 12, 2008 08:00 A Secretary of State

Principal Place of Business

431 BAYSHORE RD NOKOMIS, FL 34275 Mailing Address

431 BAYSHORE RD NOKOMIS, FL 34275



DO NOT WRITE IN THIS SPACE 03102008

No Chg-P

CR2E034 (11/05)

4. FEI Number 03-0461336

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIKE, MARTHA J 417 TORTUGA DRIVE NOKOMIS, FL 34275

## DO NOT WRITE IN THIS SPACE

				IIN	I NIS 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, Hagistered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIKE, MARTHA J 431 BAYSHORE RD NOKOMIS, FL 34275				U00000854387
TITLE NAME STREET ADDRESS CITY-ST-ZIP					03/27/09-80005-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6		2	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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 tike empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08 Date 941-716-4392