

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90013 032 ***150.00

DOCUMENT # P02000078868

1. Entity Name
MARTHA G. AUSTIN, P.A.



Principal Place of Business
**701 HUDSON LANE
THE VILLAGES, FL 32159**

Mailing Address
**701 HUDSON LANE
THE VILLAGES, FL 32159**

94046069



2. Principal Place of Business
3001 SW 24th Ave

3. Mailing Address
3001 SW 24th Ave

Suite, Apt. #, etc.
Apt 1608

Suite, Apt. #, etc.
Apt 1608

City & State
Ocala, FL

City & State
Ocala, FL

Zip
34474

Country
Marion

Zip
34474

Country
Marion

03182004

Chg-P

CR2E034 (10/03)

4. FEI Number
30-0096977

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AUSTIN, MARTHA G
701 HUDSON LANE
THE VILLAGES, FL 32159**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3001 SW 24th Ave, Apt 1608
Ocala FL 34474

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
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 **P** ☐ Delete
NAME **AUSTIN, MARTHA G**
STREET ADDRESS **701 HUDSON LANE**
CITY-ST-ZIP **LADY LAKE, FL 32159**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Austin, Martha G**
STREET ADDRESS **3001 SW 24th Ave, Apt 1608**
CITY-ST-ZIP **Ocala, FL 34474**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Martha G. Austin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05
Date

Daytime Phone #