

04-09-2007 90059 032 \*\*\*150.00  
04-24-2007 90010 042 \*\*\*150.00

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07 MAY -3 AM 9: 58

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Ad. DISS.

**REINSTATEMENT** 06-07

DO NOT WRITE IN THIS SPACE

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)			
DOCUMENT # P02000078868			
1. Entity Name			
MARTHA JO GARREN PA			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business 8840 SW 14TH AVE		3. Mailing Address 8840 SW 14TH AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OCALA, FL		City & State OCALA, FL	
Zip 34476	Country	Zip 34476	Country
4. FEI Number 30-0096977		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		58.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name MARTHA JO GARREN			
Street Address (P.O. Box Number is Not Acceptable) 8840 SW 14TH AVE			
City OCALA		FL Zip Code 34476	
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 _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTHA JO GARREN 8840 SW 14TH AVE OCALA, FL 34476		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/5/24		
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TITLE 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Marta Jo Garren Pres.</u> 3-22-07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			