## .2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 18, 2007 08:00 A Secretary of State **DOCUMENT # P05000006792** 1. Entity Name NORMA A. MARTIN, INC. Principal Place of Business Mailing Address PO BOX 184 6993 SE 25 WAY BUSHNELL, FL 33513 BUSHNELL, FL 33513 CR2E034 (11/05) No Chg-P 04052007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 33-1109535 \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent DO NOT WRITE SEMBOWER, WILLIAM 880 N MAIN ST BUSHNELL, FL 33513 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, lyped or printed name of registered agent and title diapplicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS PS TITLE MARTIN, NORMA NAME P.O. BOX 184 STREET ADDRESS CITY-ST-ZIP BUSHNELL, FL 33513 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP UD00000714599 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR