

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90196 046 ***158.75

DOCUMENT # P05000101916

1. Entity Name
MARTIN M WOHL, INC.



Principal Place of Business
**1800 STATE ROAD 17
AVON PARK, FL 33825**

Mailing Address
**1800 STATE ROAD 17
AVON PARK, FL 33825**

2. Principal Place of Business

1800 SR 17 S

3. Mailing Address

1800 SR 17 S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062006

Chg-P

CR2E034 (11/05)

City & State

Avon Park FL

City & State

Avon Park, FL

4. FEI Number

20-3197002

Applied For

Not Applicable

Zip

33825

Country

USA

Zip

33825

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ASHLEY, P. JILL
C/O ASHLEY FINANCIAL SERVICES, P.A.
2856 CARRIE LANE
LAKELAND, FL 33813-3158**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPV	<input type="checkbox"/> Delete
NAME	WOHL, MARTIN M	
STREET ADDRESS	1800 STATE ROAD 17	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WOHL, MARTIN M	
STREET ADDRESS	1800 STATE ROAD 17	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

M Martin Wohl