2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2007 8:00 am Secretary of State

DOCUMENT # P06000023508 1. Entity Name CMT OF MARION COUNTY, INC.						03-05-2007 9	90072 013	3 ***150	0.00
Principal Place of Business 43 BAHIA TRACE COURSE OCALA, FL 34472		Mailing Address 43 BAHIA TRACE COURSE OCALA, FL 34472							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01022007	Chg-P	CR2E03	4 (12/06)	
City & State		City & State			4. FEI Number	07686	83		plied For Applicable
Zip	Country	Zip	Coun	try	5. Certificate o	f Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent					7. Name and A	Address of New Ro	egistered Aç	jent	
MILLER C	HARLENE M	Name							
43 BAHIA TRACE COURSE OCALA, FL 34472				Street Address (P.O. Box Number is Not Acceptable)					
*				City				Zip Code	
							FL	<u> </u>	
the obligat	named entity submits this statement foots of registered agent.	or the purpose of changing its	registeri	ed office or register	red agent, or both	i, in the State of Fio	rida. Iam ia	miliar with,	and accept
SIGNATURE_	Signature, typed or gented name of registered ager	it and title if applicable. (NOT	E: Registere	d Agent agneture required	i when renstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campai Trust Fund Cont			.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
TITLE NAME	MILLER, ULICE T	☐ Delete	THTL! NAM	IE .				☐ Change	☐ Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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