## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P06000023508**

**1.** Entity Name
CMT OF MARION COUNTY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 43 BAHIA TRACE COURSE<br>OCALA, FL 34472 | 43 BAHIA TRACE COURSE<br>OCALA, FL 34472 |

| **2.** Principal Place of Business - No P.O. Box # | **3.** Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

01022007    Chg-P    CR2E034 (12/06)

**4.** FEI Number  02-0768683    ☐ Applied For   ☐ Not Applicable

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

| **6.** Name and Address of Current Registered Agent | **7.** Name and Address of New Registered Agent |
|---|---|
| MILLER, CHARLENE M<br>43 BAHIA TRACE COURSE<br>OCALA, FL 34472 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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, 2007 Fee will be $550.00**

**9.** Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

| **10.** OFFICERS AND DIRECTORS | | | **11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE | DP | ☐ Delete | TITLE | ☐ Change | ☐ Addition |
| NAME | MILLER, ULICE T | | NAME | | |
| STREET ADDRESS | 43 BAHIA TRACE COURSE | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL 34472 | | CITY-ST-ZIP | | |
| TITLE | D | ☐ Delete | TITLE | ☐ Change | ☐ Addition |
| NAME | MILLER, CHARLENE M | | NAME | | |
| STREET ADDRESS | 43 BAHIA TRACE COURSE | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL 34472 | | CITY-ST-ZIP | | |
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| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | ☐ Change | ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | ☐ Change | ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: _Charlene Miller_ V.P    2/22/07    342-4077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #