

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90047 021 \*\*\*150.00

<b>DOCUMENT # P92000004050</b> 1. Entity Name <b>JEFF AND MARTY, INC.</b>			
Principal Place of Business <b>936 INT'L SPEEDWAY BLVD. DAYTONA BEACH, FL 32114</b>		Mailing Address <b>936 INT'L SPEEDWAY BLVD. DAYTONA BEACH, FL 32114</b>	
2. Principal Place of Business - No P.O. Box # <b>769 Horseman Drive</b>		3. Mailing Address <b>769 Horseman Drive</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Port Orange, Florida</b>		City & State <b>Port Orange</b>	
Zip <b>32127</b>		Zip <b>32127</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3153173</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PORTEOUS, GEORGE J 936 INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL</b>		7. Name and Address of New Registered Agent  <b>769 Horseman Dr. Port Orange, FL 32127</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>PORTEOUS, GEORGE J 769 HORSEMAN DR PORT ORANGE, FL 32127</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>PORTEOUS, MARTHA E 769 HORSEMAN DR PORT ORANGE, FL 32127</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <i>Martha E. Porteous</i> (MARTHA E. PORTEOUS)		<b>Date:</b> <i>Feb. 22, 2007</i>	