


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90037 047 ***150.00

DOCUMENT # P93000086162					
1. Entity Name MARTHA'S HEADHUNTERS INC.					
Principal Place of Business 5177 OVERSEAS HIGHWAY MARATHON, FL 33050 US			Mailing Address 5177 OVERSEAS HIGHWAY MARATHON, FL 33050 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0479883	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DIEHL, MARTHA R 110 ALLYANN PLACE MARATHON, FL 33050			Name DIEHL, MARTHA		
			Street Address (P.O. Box Number is Not Acceptable) 58214 OVERSEAS HIGHWAY		
			City MARATHON FL Zip Code 33050		
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 <i>Martha Diehl</i> 2-26-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEHL, MARTHA R 110 ALLYANN PLACE MARATHON, FL 33050 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIEHL, MARTHA R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 58214 OVERSEAS HIGHWAY MARATHON FL 33050	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEHL, HELMUT M <input checked="" type="checkbox"/> Delete 110 ALLYANN PLACE MARATHON, FL 33050		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEHL, HELMUT M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 58214 OVERSEAS HIGHWAY MARATHON FL 33050	
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	
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	
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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption in Section 119.07(3)(i), 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: <i>Martha Diehl</i> 2-26-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

94023654



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