

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000074408  
 1. Entity Name  
 MARTHA HEADINGS INC.



Principal Place of Business      Mailing Address  
 324 OAK HILL WAY                      324 OAK HILL WAY  
 SARASOTA, FL 34232                      SARASOTA, FL 34232



03282004      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-0616852      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HEADINGS, MARTHA  
 324 OAK HILL WAY  
 SARASOTA, FL 34232

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000101105  
 U4/U1/U4-80034-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEADINGS, MARTHA 324 OAK HILL WAY SARASOTA, FL 34232
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Martha Headings      Date: 3-29-04      Daytime Phone #: 371-8004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR