2005 FOR PROFIT CORPORATION

Mar 12, 2005 08:00 AM

ANNUAL REPURI				Mai 12, 2003 00.00 A	
1. Entity Nar	MENT # P970001004			Secre	tary of State
	ce of Business	Mailing Address			•
	IMMON CIRCLE R, FL 32132	1792 PERSIMMON CÎRCLE EDGEWATER, FL 32132			
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·	MALWHILE	IN THIS STA	CE	4. FEI Number	Applied For
43.603.63		Section of the Company of the Compan	Maria Caracana Caraca	59-3488985	Not Applicable
1				5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		The same way to the same of th	
1792 PER	BARLOW, GEORGE 1792 PERSIMMON CIRCLE EDGEWATER, FL 32132			DO NOT WR	The contract of the second
EDGENA	TEN, LE DE 102		Act in your and property the	IN THIS SPA	CE
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B. The above	on tramedets sid stimulus utitus hamen	he ourgose of changing its register	ed office or register	and arrent, or both in the State of Florida	Lam familiar with and accept
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 Append of content name of registered signature (in applicable. INOTE Registered Ag			id Agent signature required	wnen reinstaling)	9-05 DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			·	00 May Be ed to Fees 03/12/05-800	1713 137-002 150.00
10.	OFFICERS AND D	RECTORS	- Name and the second		
TITLE NAME	PD BARLOW, GEORGE		Martine Maria Company		
STREET ACCRESS CITY-ST-ZIP	1792 PERSIMMON CIRCLE EDGEWATER, FL 32132				
TITLE	STD			Controlling the Control of the Contr	
NAME STREET ADDRESS	BARLOW, MARLENE S 1792 PERSIMMON CIRCLE		The second secon		Ballati et de trataga et d
CITY-ST-ZIP	EDGEWATER, FL 32132		the man and the second		
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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)(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: SIGNATURE AND WEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOLL DOLL DAY					