


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90028 008 \*\*\*150.00

<b>DOCUMENT # S38600</b>	
1. Entity Name MISS MARTHA, INC.	

Principal Place of Business 233 WATER STREET APALACHICOLA, FL 32320-1734	Mailing Address P O BOX 697 APALACHICOLA, FL 32329-0697 US
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03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3060019	Applied For 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  SHULER, J. GORDON 34 - 4TH STREET APALACHICOLA, FL
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC WARD, OLAN 111 AVE C APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP WARD, WALTER MACK <del>2630 BLUFF RD</del> 2620 Bluff Road APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WARD, RACHEL L 2620 BLUFF RD APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WARD, THOMAS L 137 LONG ROOD APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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:**  **4-15-04** **850-653-8790**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #