2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# S38600

Entity Name: MISS MARTHA, INC.

Current Principal Place of Business:

233 WATER STREET
APALACHICOLA, FL 323201734

New Principal Place of Business:

Current Mailing Address:

P O BOX 697
APALACHICOLA, FL 323290697 US

New Mailing Address:

FEI Number: 59-3060019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHULER, J. GORDON
34 - 4TH STREET
APALACHICOLA, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DC (X) Delete
Name: WARD, OLAN,
Address: 111 AVE C
City-St-Zip: APALACHICOLA, FL 32320

Title: DVP ( ) Delete
Name: WARD, WALTER MACK,
Address: 2620 BLUFF ROAD
City-St-Zip: APALACHICOLA, FL 32320

Title: ST ( ) Delete
Name: WARD, RACHEL L,
Address: 2620 BLUFF RD
City-St-Zip: APALACHICOLA, FL 32320

Title: DP ( ) Delete
Name: WARD, THOMAS L
Address: 137 LONG ROOD
City-St-Zip: APALACHICOLA, FL 32320

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WARD, WALTER MACK,
Address: 2620 BLUFF ROAD
City-St-Zip: APALACHICOLA, FL 32320

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L WARD D/P 04/24/2007

Electronic Signature of Signing Officer or Director Date