**FILED** 

DOCU  1. Entity Nam	MENT <sup>*</sup> # <b>V49477</b>	,		(00.			Apr 16, Secret	-		
MARTHA'	S PLANTATION SHOP, INC.						04-16-200	2 90051 036 3	***150	.00
3092 W. HWY	ee of Business 30-A BEACH FL 32459	Mailing Address P. O. BOX 1740 SANTA ROSA BEACH FL 32459 US					# 1001 01 01 01 01 01 01 01 01 01 01 01 0	<b>10</b> 11 1281 01811 81811 61		C)
2. Principal F	Place of Business	3. Mailing Address 3092 W. Hwy. 30-A Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat		City & State				4. FEI Number Applied For Applied For				
Zip	Country	Santa Rosa ] <sup>Zip</sup> 32459	Beac Coun IIS			<b>5.</b> Cer	tificate of Status Desired	□ \$8	.75 Add Required	
	6. Name and Address of Current Re					7Nan	ne and Address of New	Registered Age	nt	
Kraemer 727 High Destin Fi	WAY 98 EAST					s_C_Barth P.O. Box Number is Not Acceptable) outh Shore Drive  FL Zip Code				
					esti	<u>n</u>		PL	325	50
SIGNATURE	signature, iped or printed name of registered agents and containing its light properties of the same o	BS	: Registere	d Agent signat	Tames	C.	Barth ating)  10. Election Campaign F	3/18/0		
	ria on back)	Make Check Payab				e	Trust Fund Contribut	tion. $\square$	Added	to Fees
11.	OFFICERS AND DI	RECTORS	12.			ADDI	TIONS/CHANGES TO OF	FICERS AND DIF	RECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RESTER, MARTHA C. 3000 BAY VILLA DRIVE DESTIN FL	<b>Æ</b> ∃ Delete				ero	n Pointe Co	urt	Change	<b>⊊</b> Addition ∤
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			0 Tom 111	Pat Lit	tle Redfish		Change	Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAMI STRE		Sant	a_R	osa Beach,		Change	☐ Addition
TITLE  NAME  STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAMI STRE	<del></del>					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAMI STRE						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAMI STRE						Change	Addition
13. I hereby of indicated of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empowers or on an attachment with an address, with the control of the cont	ue and accurate and that n ered to execute this report	the exer ny signat as requir	mption stat ure shall h red by Cha	ave the sa opter 607,	ame leg: Florida	al effect as if made unde Statutes; and that my na	r oath; that I am a me appears in Blo	n officer ock 11 or	or director Block 12 if

SIGNATURE:

Joan Gough