


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # 170086	
1. Entity Name MARTINE'S CORPORATION	

Principal Place of Business 120 E. MAIN ST STE A PENSACOLA, FL 32501	Mailing Address 120 E. MAIN ST STE A PENSACOLA, FL 32501
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04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0698210	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKS, JAMES J. J
 120 E. MAIN ST.
 STE A
 PENSACOLA, FL 32501

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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000734006
 05/08/07-80110-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MARKS, JAMES J 120 E. MAIN ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARKS, CHRISTINE T 120 E. MAIN ST., STE A PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NASH, NEAL 120 E. MAIN ST, STE A PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKS, LIANNA 120 E. MAIN ST., STE A PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4-23-07** **850-429-8640**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #