## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # J08320**

Entity Name

MARTIN CASE CONSTRUCTION, INC.



FILED Mar 22, 2006 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

2341 N.W. 30TH STREET FT. LAUDERDALE, FL 33311 US

2341 N.W. 30TH STREET FT. LAUDERDALE, FL 33311

02



## DO NOT WRITE IN THIS SPACE

03072006 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2733550

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAM M. MARTIN JR. 741 DOVER STREET BOCA RATON, FL 33487

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plons of registered agent.	surpose of changing its registered offici	e or re	gistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>	# P P P P P P P P P P P P P P P P P P P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, WILLIAM M 741 DOVER STREET BOCA RATON, FL 33487				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, SUSAN 741 DOVER STREET BOCA RATON, FL 33487	<u>.</u>			000000476520 04/06/06-80013-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					, , , , , , , , , , , , , , , , , , ,

12. I hereby certify that the information supplied with this filling those 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 recurrate 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 empoyered 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.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-17-06 954-735-4625