2008 FOR PROFIT CORPORATION --- ANNUAL REPORT

FILED Jan 24, 2008 08:00 Al Secretary of State

	~ANNUAL	KEPUKI			C	C C (
DOCUMENT # P03000059727 1. Entity Name					S	Secretary of Sta
MARTIN STRINGFELLOW ASSOCIATES, INC.						
Principal Place of Business 222 S. PENNSYLVANIA AVE STE 200 WINTER PARK, FL 32789		Mailing Address 222 S. PENNSYLVANIA AVE STE 200 WINTER PARK, FL 32789			IU bylob ylyy bolo y b o yn b y st	88181 8818 1818 1838 1838 1831 8887881 8 1 83 1
Same profession of the second				01082008		CR2E034 (11/05)
DO NOT WRITE IN THIS SPA				4. FEI Num		Applied For
The transfer of the second second second				5. Certificat	27247 e of Status Desired	Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent			Billian Soft Francis	· · · · · · · · · · · · · · · · · · ·
SALTSMAN, ROBERT P 222 S. PENNSYLVANIA AVE STE 200 WINTER PARK, FL 32789					NOT WI	
the obligat	named entity submits this statement for thions of registered agent. Signature, typed or printed name of registered agent and		ed Agent signature :		oth, in the State of Flori	
	ay 1, 2008 Fee will be \$550.00	Trust Fund Contribution.		Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF D STRINGFELLOW, MARTIN B 222 S. PENNSYLVANIA AVE STE 2 WINTER PARK, FL 32789	•		3 (·)		All the second of the second
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	U000007 01/28/08-8	94923 10027-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		NOT WI	1 1 18 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP)	IN.	THIS SP	ACE
TITLE NAME						

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 employered 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 any address with all other like empowered

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #