## 1 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 20, 2006 08:00 AN Secretary of State **DOCUMENT # P96000039958** 1. Entity Name MARTIN & SONS RESIDENTIAL SERVICES, INC. Mailing Address Principal Place of Business 2773 OAKBROOK DRIVE 2773 OAKBROOK DRIVE WESTON, FL 33332 WESTON, FL 33332 CR2E034 (11/05) 04142006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0665545 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRADO, MARTIN E DO NOT WRITE 2773 OAKBROOK DRIVE WESTON, FL 33332 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 31717 PRADO, MARTIN E 2773 OAKBROOK DRIVE STREET ADDRESS WESTON, FL 33332 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP mle

12. I hereby certify that the information supplied with this filling 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 appowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

INVATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

04-18-06

(954) 389-0220

Daytime Pho