

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90025 004 ***150.00

DOCUMENT # P97000039063					
1. Entity Name MARTNI DEVELOPMENT, INC.					
Principal Place of Business 5728 MAJOR BLVD SUITE 601 ORLANDO, FL 32819			Mailing Address 5728 MAJOR BLVD SUITE 601 ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box # 7932 W. Sand lake Rd.			3. Mailing Address 7932 W. Sand lake Rd.		
Suite #, etc. Suite 300			Suite #, etc. Suite 300		
City Orlando, FL			City Orlando, FL		
Zip 32819		Country		32819 Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KHATIB, RASHID A 5728 MAJOR BLVD STE 601 ORLANDO, FL 32819				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 7932 W. Sand Lake Rd. Ste 300 Orlando, FL 32819 FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSTD NAME KHATIB, RASHID A STREET ADDRESS 5728 MAJOR BLVD., STE 601 CITY-ST-ZIP ORLANDO, FL 32819	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP NAME HODGE, RANDALL R STREET ADDRESS 5728 MAJOR BLVD., STE 601 CITY-ST-ZIP ORLANDO, FL 32819	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ 4/8/08 407-354-2200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					