

FILED
Feb 04 1998 8:00am
Secretary of State

DOCUMENT # 235652 (5)
1. Corporation Name
MARTINIQUE CONSTRUCTION INC

Principal Place of Business	Mailing Address
16636 SW WARFIELD HIGHWAY P.O. BOX 488 INDIANTOWN FL 34956 US	16630 S.W. WARFIELD HWY P.O. BOX 488 INDIANTOWN FL 34956

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

g. Name and Address of Current Registered Agent	
SIEFKER, PAUL E 15860 S W FAMEL AVE INDAINTOWN FL 34956	81 Name
	82 Street Address
	83
	84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) _____ [DATE] _____

12.		OFFICERS AND DIRECTORS
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIEFKER, PAUL	
STREET ADDRESS	15880 S.W. FAMEL AVE.	
CITY - ST - ZIP	INDIANTOWN FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SIEFKER, CLAIRE	
STREET ADDRESS	15880 S.W. FAMEL AVE.	
CITY - ST - ZIP	INDIANTOWN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SIEFKER, STEPHEN, PAUL	
STREET ADDRESS	15900 S.W. MORGAN ST	
CITY - ST - ZIP	INDIANTOWN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 in changed, or on an attachment with an address.

SIGNATURE Paul E. Siefker 1/22/08 511.507.2347



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/21/1960	
4. FEI Number 59-0900723	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

FL 85 Zip Code

CR2E034 (10/97)