

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90024 017 ***150.00

DOCUMENT # 235652

1. Entity Name

MARTINIQUE CONSTRUCTION INC



Principal Place of Business

16656 SW WARFIELD HIGHWAY
P.O. BOX 488
INDIANTOWN FL 34956
US

Mailing Address

16630 S.W. WARFIELD HWY
P.O. BOX 488
INDIANTOWN FL 34956

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

16656 S.W. WARFIELD HWY

Suite, Apt. #, etc.

City & State

City & State

INDIANTOWN FL

Zip

Country

Zip

34956

Country

4. FEI Number

59-0900723

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIEFKER, PAUL E
15860 S W FAMEL AVE
INDIANTOWN FL 34956

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SIEFKER, PAUL	
STREET ADDRESS	15860 S.W. FAMEL AVE.	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SIEFKER, CLAIRE	
STREET ADDRESS	15860 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	S	<input type="checkbox"/> Delete
NAME	HOLLEY, AMY	
STREET ADDRESS	16601 SW MORGAN ST	
CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Paul E. Siefker Pres. 3/18/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #