

2006 FOR PROFIT CORPORATION
ANNUAL REPORT.

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90104 025 ***150.00

DOCUMENT # 235652 1. Entity Name MARTINIQUE CONSTRUCTION INC					
Principal Place of Business 16656 SW WARFIELD HIGHWAY INDIANTOWN, FL 34956 US			Mailing Address 16630 S.W. WARFIELD HWY INDIANTOWN, FL 34956		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 16656 S.W. WARFIELD HWY			
City & State INDIANTOWN, FL		City & State INDIANTOWN, FL			
Zip 34956		Zip 34956			
Country US		Country US			
4. FEI Number 59-0900723				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIEFKER, PAUL E 15860 S W FAMEL AVE INDIANTOWN, FL 34956			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SIEFKER, PAUL 15860 S.W. FAMEL AVE. INDIANTOWN, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SIEFKER, CLAIRE 15860 S.W. FAMEL AVE. INDIANTOWN, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIEFKER, STEPHEN, PAUL 15900 S.W. MORGAN ST INDIANTOWN, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLLEY, AMY 16601 SW MORGAN ST INDIANTOWN, FL 34956	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: PAUL E. SIEFKER 1/11/06 772-597-2020					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					