

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 235652

1. Entity Name
MARTINIQUE CONSTRUCTION INC



Principal Place of Business
**16656 SW WARFIELD HIGHWAY
INDIANTOWN, FL 34956 US**

Mailing Address
**16656 SW WARFIELD HWY
INDIANTOWN, FL 34956**

DO NOT WRITE IN THIS SPACE



03122007 No Chg-P CR2E034 (11/05)

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

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

**DO NOT WRITE
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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SIEFKER, PAUL
STREET ADDRESS	15860 S.W. FAMEL AVE.
CITY-ST-ZIP	INDIANTOWN, FL
TITLE	VS
NAME	SIEFKER, CLAIRE
STREET ADDRESS	15860 S.W. FAMEL AVE.
CITY-ST-ZIP	INDIANTOWN, FL
TITLE	VD
NAME	SIEFKER, STEPHEN, PAUL
STREET ADDRESS	15900 S.W. MORGAN ST
CITY-ST-ZIP	INDIANTOWN, FL
TITLE	S
NAME	HOLLEY, AMY
STREET ADDRESS	16601 SW MORGAN ST
CITY-ST-ZIP	INDIANTOWN, FL 34956
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/07-80078-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paul E. Siefker **PAUL E. SIEFKER** **3/14/07** **772-597-2020**