

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 370263

FILED  
Jul 19, 2006  
Secretary of State

Entity Name: MARTIN LITHOGRAPH, INC.

## Current Principal Place of Business:

505 N ROME AVE  
TAMPA, FL 33606 US

## New Principal Place of Business:

505 NORTH ROME AVE  
TAMPA, FL 33606 US

## Current Mailing Address:

P O BOX 4240  
TAMPA, FL 33677 US

## New Mailing Address:

FEI Number: 59-1349795      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GONZALEZ, JOSEPH M  
P.O. BOX 4240  
TAMPA, FL 33677 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SAAVEDRA, MARTIN  
Address: P.O. BOX 4240  
City-St-Zip: TAMPA, FL 33677

Title: VP ( ) Delete  
Name: SAAVEDRA, JANICE  
Address: P.O. BOX 4240  
City-St-Zip: TAMPA, FL 33677

Title: ST ( ) Delete  
Name: SAAVEDRA, JENNIFER  
Address: 8439 FLAGSTONE DRIVE  
City-St-Zip: TAMPA, FL 33615

Title: VPS ( ) Delete  
Name: SAAVEDRA, MARTIN F  
Address: 4302 SALT WATER BLVD  
City-St-Zip: TAMPA, FL 33615

Title: VPF ( ) Delete  
Name: DEL RIO, RALPH E  
Address: 8439 FLAGSTONE DRIVE  
City-St-Zip: TAMPA, FL 33615

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPS (X) Change ( ) Addition  
Name: SAAVEDRA, MARTIN F  
Address: P.O. BOX 4240  
City-St-Zip: TAMPA, FL 33677

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER L. SAAVEDRA

ST

07/19/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date