2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# 370263

Entity Name: MARTIN LITHOGRAPH, INC.

Current Principal Place of Business:

505 NORTH ROME AVE
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4240
TAMPA, FL 33677 US

New Mailing Address:

P.O. BOX 4240
TAMPA, FL 33677

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

Name and Address of Current Registered Agent:

SAAVEDRA, JENNIFER L
505 N. ROME AVENUE
TAMPA, FL 33606 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

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: P.O. BOX 4240
City-St-Zip: TAMPA, FL 33677

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

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

I hereby certify that the information supplied with this filing does not qualify 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 06/16/2009
Electronic Signature of Signing Officer or Director Date