

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 674859

1. Entity Name

MARTIN'S MAINTENANCE SERVICE, INC.

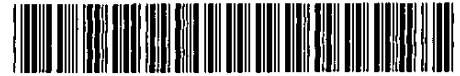


Principal Place of Business

2095 SUNSET POINT ROAD #2004
CLEARWATER FL 33765

Mailing Address

2095 SUNSET POINT ROAD #2004
CLEARWATER FL 33765



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-2019409**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARTIN, HUGH B.
2095 SUNSET POINT ROAD #2004
CLEARWATER FL 33765

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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: DV ☐ Delete
NAME: MARTIN, ANITA J
STREET ADDRESS: 2095 SUNSET POINT RD
CITY- ST- ZIP: CLEARWATER FL 33765

TITLE: DP ☐ Delete
NAME: MARTIN, HUGH B
STREET ADDRESS: 2095 SUNSET POINT RD
CITY- ST- ZIP: CLEARWATER FL 33765

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
U00000623177
02/13/07-80054-025 150.00

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Hugh Martin President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07

727-442-9407

Date

Daytime Phone