

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90163 045 \*\*\*\*70.00

**DOCUMENT # 753873**

1. Entity Name  
**MARTIN COUNTY MODELERS, INC.**



Principal Place of Business  
**8702 SE SANDCASTLE CIRCLE  
HOBE SOUND, FL 33455**

Mailing Address  
**8702 SE SANDCASTLE CIRCLE  
HOBE SOUND, FL 33455**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2606440**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALDRIDGE, DAVID P  
8702 SE SANDCASTLE CIR  
HOBO SOUND, FL 33455**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **ALDRIDGE, DAVID P**  
CITY-ST-ZIP **8702 SE SANDCASTLE CIR  
HOBE SOUND, FL 33455**

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

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **CLAPPER, DON**  
CITY-ST-ZIP **102 ST ANDREWS CT  
JUPITER, FL 33458**

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

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **DEMMONS, SHELDON**  
CITY-ST-ZIP **8605 SE GULFSTREAM PL  
HOBE SOUND, FL 33455**

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

TITLE ☐ Delete  
NAME **VPD**  
STREET ADDRESS **MARIETTA, HAROLD**  
CITY-ST-ZIP **16467 79TH TER NORTH  
PALM BEACH GARDENS, FL 33418**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 617, 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:**

*David P. Aldridge* **David P. Aldridge**

**4/27/06**

Date

Daytime Phone #

**561-744-1126  
772-546-7354**