2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # 821625

1. Entity Name
MARTIN ELECTRONICS, INC.

Principal Place of Business	Mailing Address
10625 PUCKETT ROAD PERRY, FL 32347	10625 PUCKETT ROAD PERRY, FL 32347

DO NOT WRITE IN THIS SPACE

03212007 No Chg-P CR2E034 (11/05)

4. FEI Number
52-0641853
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000680719
04/04/07-80012-007 317.50

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	YORK, R.
STREET ADDRESS	10625 PUCKETT ROAD
CITY-ST-ZIP	PERRY, FL 32347
TITLE	P
NAME	GARDNER, RICHARD A
STREET ADDRESS	10625 PUCKETT ROAD
CITY-ST-ZIP	PERRY, FL 32348
TITLE	AST
NAME	SLEIGHER, SUZANNE B
STREET ADDRESS	12025 201ST ROAD
CITY-ST-ZIP	LIVE OAK, FL 32064
TITLE	D
NAME	CLARK, MARK E.
STREET ADDRESS	RT 1 BOX 135E
CITY-ST-ZIP	HOT SPRINGS, NC
TITLE	D
NAME	HANKINS, HAROLD
STREET ADDRESS	1821 SMITHFIELD DR
CITY-ST-ZIP	BLACKSBURG, VA 24060
TITLE	D
NAME	LANGNER, KEVAN
STREET ADDRESS	196 GREEN HILLS RD
CITY-ST-ZIP	CINCINNATI, OH 45208

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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: Suzanne B. Sleigher 3/21/2007 850-584-2634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #