2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#821625

Entity Name: MARTIN ELECTRONICS, INC.

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
10625 PUCKETT ROAD PERRY, FL 32347				10625 PUCKETT ROAD PERRY, FL 32348			
Current Mailing Address:				New Mailing Address:			
10625 PUCKETT ROAD PERRY, FL 32347				10625 PUCKETT ROAD PERRY, FL 32348			
FEI Number:	52-0641853	FEI Number Applied For ()	FEI Num	nber Not Appli	icable ()	Certificate of Status	s Desired (X)
Name and	Address of Co	urrent Registered Agent:	Name and Address of New Registered Agent:				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US 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.							
SIGNATUR		c Signature of Registered Agen				 Date	
Election Can		Trust Fund Contribution ().				2	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () YORK, R., 10625 PUCKETT PERRY, FL 323			Title: Name: Address: City-St-Zip:	P (X) C GARDNER, RICH 10625 PUCKETT PERRY, FL 3234	ROAD	
Title: Name: Address: City-St-Zip:	P () GARDNER, RICH 10625 PUCKETT PERRY, FL 323	Γ ROAD		Title: Name: Address: City-St-Zip:	SLEIGHER, SUZA 12025 201ST RO	AD	
Title: Name: Address: City-St-Zip:	AST (X) SLEIGHER, SUZ 12025 201ST RO LIVE OAK, FL 3	DAD		Title: Name: Address: City-St-Zip:	() C	Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) CLARK, MARK E RT 1 BOX 135E HOT SPRINGS, I			Title: Name: Address: City-St-Zip:	()0	Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) HANKINS, HARC 1821 SMITHFIEL BLACKSBURG, '	_D DR		Title: Name: Address: City-St-Zip:	()0	Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) LANGNER, KEV/ 196 GREEN HIL CINCINNATI, OH	LS RD		Title: Name: Address: City-St-Zip:	() C	Change () Addition	

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: SUZANNE B. SLEIGHER VP 01/08/2009