

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90020 042 ***150.00

DOCUMENT # F03000005237

1. Entity Name
TONY MARTERIE & ASSOCIATES, INC.



Principal Place of Business
**28 LIBERTY SHIP WAY
SUITE 2800
SAUSALITO, CA 94965**

Mailing Address
**P.O. BOX 2018
SAUSALITO, CA 94966**



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

3. Mailing Address

04182007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
94-1744337

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

**ESPOSITO, DENISE
1180 NELSON ST.
DUNEDIN, FL 34698**

Name **ELISA GARDAVA**

Street Address (P.O. Box Number is Not Acceptable)

369 SOUTH POLK DRIVE

City **SARASOTA**

FL

Zip Code **34236**

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 **Elisa M. Gardava**

Elisa M. Gardava

4/23/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MARTERIE, ANTHONY**
STREET ADDRESS **576 SAN PEDRO COVE**
CITY-ST-ZIP **SAN RAFAEL, CA 94901**

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

TITLE **S** ☐ Delete
NAME **MARTERIE, ROXANNE**
STREET ADDRESS **576 SAN PEDRO COVE**
CITY-ST-ZIP **SAN RAFAEL, CA 94901**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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: **Roxanne Marterie**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/20/07 309-3324

SECRETARY