

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000002987

1. Entity Name
MARK MARTIN ENTERPRISES, INC.



Principal Place of Business
208 CESSNA BLVD.
PORT ORANGE, FL 32128

Mailing Address
208 CESSNA BLVD.
PORT ORANGE, FL 32128

FILED
Feb 28, 2007 08:00 AM
Secretary of State



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

02142007

Chg-P

CR2E034 (12/06)

4. FEI Number
56-1761223

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

MARTIN, MARK A
208 CESSNA BLVD.
PORT ORANGE, FL 32128

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 resigning)

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	PC	<input type="checkbox"/> Delete
NAME	MARTIN, MARK A	
STREET ADDRESS	210 CESSNA BLVD	
CITY- ST- ZIP	PORT ORANGE, FL 32128	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTIN, ARLENE	
STREET ADDRESS	210 CESSNA BLVD	
CITY- ST- ZIP	PORT ORANGE, FL 32128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		

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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

000000650550
03/08/07-80018-006 150.00

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:

Mark A. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/07