

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 08:00 A
Secretary of State

DOCUMENT # F05000007392

1. Entity Name
STRAND-TECH MARTIN, INC.



Principal Place of Business
**258 DEMING WAY
SUMMERVILLE, SC 29483**

Mailing Address
**P. O. BOX 2220
SUMMERVILLE, SC 29484**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1067461	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLCOMB, JAN
6782 BOB KIRKLAND ROAD
MACCLENNY, FL 32063**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000785356
01/16/08-80031-018 158.75

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	GIARDINA, FRANCESCO
STREET ADDRESS	258 DEMING WAY
CITY-ST-ZIP	SUMMERVILLE, SC 29483
TITLE	VC
NAME	DE MIRAUDO, UGGERO
STREET ADDRESS	258 DEMING WAY
CITY-ST-ZIP	SUMMERVILLE, SC 29483
TITLE	D
NAME	FACCHINELLI, PAOLA
STREET ADDRESS	258 DEMING WAY
CITY-ST-ZIP	SUMMERVILLE, SC 29483
TITLE	D
NAME	FACCHINELLI, LORENZO
STREET ADDRESS	258 DEMING WAY
CITY-ST-ZIP	SUMMERVILLE, SC 29483
TITLE	D
NAME	MAGRI, ELENA
STREET ADDRESS	258 DEMING WAY
CITY-ST-ZIP	SUMMERVILLE, SC 29483
TITLE	SEC
NAME	AGNELLI, ANDREA
STREET ADDRESS	258 DEMING WAY
CITY-ST-ZIP	SUMMERVILLE, SC 29483

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francesco GIARDINA 1-7-08 904-238-6835
PRESIDENT

Date

Daytime Phone #