

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90008 024 ***150.00

DOCUMENT # F26869

1. Entity Name

MARTIN DAYTONA CORPORATION



Principal Place of Business

**1440 NOVA ROAD
SUITE 301
DAYTONA BEACH FL 32117
US**

Mailing Address

**1440 NOVA ROAD
SUITE 301
DAYTONA BEACH FL 32117
US**



2. Principal Place of Business

1440 N. NOVA RD.

Suite, Apt. #, etc.

3. Mailing Address

1440 N. NOVA RD.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2088159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**MARTIN, RICHARD K
1440 N. NOVA ROAD
STE. 301
DAYTONA BEACH FL 32117**

7. Name and Address of New Registered Agent

Name

MARTIN, ROBERT D.

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PDS** ☐ Delete
NAME **MARTIN, RICHARD K**
STREET ADDRESS **1440 N. NOVA ROAD, STE. 301**
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

TITLE **CEO** ☐ Delete
NAME **MARTIN, ROBERT D**
STREET ADDRESS **1440 N. NOVA ROAD, STE. 301**
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

TITLE **VP** ☒ Delete
NAME **PICARD, RUSSELL**
STREET ADDRESS **1440 NOVA ROAD, STE 301**
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

1/29/06