


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90035 045 \*\*\*150.00

<b>DOCUMENT # F93000001035</b>					
1. Entity Name THE MARTIN ARCHITECTURAL GROUP, P.C.					
Principal Place of Business 240 N. 22ND ST. PHILADELPHIA, PA 19103			Mailing Address 240 N. 22ND ST. PHILADELPHIA, PA 19103		
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	03232007 Chg-P CR2E034 (12/06) 4. FEI Number 23-2676679 <input type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COX, JACK S 4114 NORTHLAKE BLVD. STE. 301 PALM BEACH GARDENS, FL 33410			Name <u>COX, JACK S.</u> Street Address (P.O. Box Number is Not Acceptable) <u>11450 SE DIXIE HIGHWAY</u> <u>SUITE 104</u> City <u>HOBE SOUND</u> FL Zip Code <u>33455</u>		
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3/28/07</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARKER, CHARLES S		NAME		
STREET ADDRESS	220 FOX CATCHER LANE		STREET ADDRESS		
CITY-ST-ZIP	MEDIA, PA 19063		CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, R. E		NAME		
STREET ADDRESS	127 LAKE AVE		STREET ADDRESS		
CITY-ST-ZIP	ISLAND HEIGHTS, NJ 08732		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRAMDACK, WILLIAM J		NAME		
STREET ADDRESS	206 RIDGEWOOD ROAD		STREET ADDRESS		
CITY-ST-ZIP	WALLINGFORD, PA 19063		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEITZ, TIMOTHY F		NAME		
STREET ADDRESS	772 SUGARTOWN RD		STREET ADDRESS		
CITY-ST-ZIP	MALVERN, PA 19355		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>William J Tramdack, Treasurer</u>			4/3/07 215-665-1080 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					