

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F93000001035**

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**



04092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>23-2676679</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**COX, JACK S  
11450 SE DIXIE HWY  
STE 104  
HOBE SOUND, FL 33455**

**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

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	HARKER, CHARLES S
STREET ADDRESS	220 FOX CATCHER LANE
CITY-ST-ZIP	MEDIA, PA 19063

TITLE	VCD
NAME	MARTIN, R. E
STREET ADDRESS	127 LAKE AVE
CITY-ST-ZIP	ISLAND HEIGHTS, NJ 08732

TITLE	TD
NAME	TRAMDACK, WILLIAM J
STREET ADDRESS	206 RIDGEWOOD ROAD
CITY-ST-ZIP	WALLINGFORD, PA 19063

TITLE	VD
NAME	WEITZ, TIMOTHY F
STREET ADDRESS	772 SUGARTOWN RD
CITY-ST-ZIP	MALVERN, PA 19355

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/08-80032-002 150.00

**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:**

*William J Tramdack*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/08 215-665-1080**  
Date Daytime Phone #