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2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

ANNUAL REPORT					Aþ	20, 20	.00 00.00
DOCUM	1ENT # G59605				ì	Secreta	ry of Sta
1. Entity Name	E. MARTEN, INC.						•
	2. 170 (1 (1 2)4, 11 40.						
Principal Place of	of Business	Mailing Address					
3880 SKYWAY		3880 SKYWAY DR					
NAPLES, FL 3	4112 US	NAPLES, FL 34112 US		40.0((() 0.00) D(##	ı ALBIY GLALL BIGLI BIGL	
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S	** 1 % ***		Sacar	 FEI Number 59-23248 	354		Applied For Nor Applicable
				5. Certificate of	Status Desired		75 Additional Required
	6. Name and Address of Current Re	gistered Agent					
MARTEN, W				nnı	VOT W		
3880 SKÝWAY DRIVE NAPLES, FL 33962				aranana wax	A	Yekhel kelikil k	
,					HIS SF	MCE.	
						<u></u>	
	amed enlity submits this statement for this of registered agent.	ne purpose of changing its registe	rea office or register	ed agent, or both.	in the State of Fi	onda, ram iamili	ar with, and accept
SIGNATURE	gnature typed or printed name of registered agenia and	title dispellentia (NOTE Reputa	ed Agent signature required	when readings)		DATE	
34	gradue typed of printed harrie of registered agent and						, , , , , , , , , , , , , , , , , , , ,
FILE After May	NOW!!! FEE IS \$150.00 / 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS					
	MARTEN, WILLIAM E.						
	3880 SKYWAY DR NAPLES, FL 34112						
TATLE					 Julio estinac	nn930236	
NAMÉ STREET ADORESS					05/21/0	<u>8</u> –80101-	020:158:75
CtTY-ST-ZIP					• • • • • • • • • • • • • • • • • • • •		
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STREET ADDRESS							

12. Thereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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