


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT-# K99842</b> 1. Entity Name W. H. MARTIN ENTERPRISES, INC.		
Principal Place of Business 14343 WALSINGHAM RD APT. A LARGO, FL 33774 US	Mailing Address 14343 WALSINGHAM RD. APT A LARGO, FL 33774 US	



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0127759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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IN THIS SPACE**

6. Name and Address of Current Registered Agent  MARTIN, WALTER H., JR. 14343 WALSINGHAM RD #A LARGO, FL 33774		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>Walter H Martin Jr.</u> DATE <u>4-18-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MARTIN, WALTER H., JR. 14343 WALSINGHAM RD #A LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MARTIN, CAROLE 14343 WALSINGHAM RD #A LARGO, FL
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05/03/08-80006-016 150.00

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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: C. J. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-08 727 595 0763