

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L43545

FILED  
Feb 07, 2007  
Secretary of State

**Entity Name:** THE MARTINWOOD CORPORATION OF NORTH CAROLINA

**Current Principal Place of Business:**

% CAROL S. WAXLER  
BOX 1064  
FLAT, NC 28731 US

**New Principal Place of Business:**

% CAROL S. WAXLER  
BOX 1064  
FLAT ROCK, NC 28731 US

**Current Mailing Address:**

% CAROL S. WAXLER  
BOX 1064  
FLAT, NC 28731

**New Mailing Address:**

% CAROL S. WAXLER  
BOX 1064  
FLAT ROCK, NC 28731

**FEI Number:** 59-2983748

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WAXLER, CAROL S.  
73 SW FLAGLER AVENUE  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RUSSELL, EDWARD M,  
Address: 230 BEAR ROCK RD  
City-St-Zip: FLAT ROCK, NC 287311064 US

Title: SDV ( ) Delete  
Name: RUSSELL, DEBORAH,  
Address: 230 BEAR ROCK RD  
City-St-Zip: FLAT ROCK, NC 287311064 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH A. RUSSELL

SDV

02/07/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date