

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90148 039 ***150.00

DOCUMENT # M86683

1. Entity Name

MARTIN PROPERTIES OF PALM BEACH COUNTY, INC.



Principal Place of Business

4130 ST ANDREWS DR
BOYNTON BEACH FL 33436
US

Mailing Address

4130 ST ANDREWS DR
BOYNTON BEACH FL 33436
US

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

4. FEI Number 65-0058779

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75-Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMS, EMERY S., JR.
235 OGLETHORPE PLACE
ORLANDO FL 32804

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
DP
MARTIN, JOHN D., JR.
4130 ST. ANDREWS DR
BOYNTON BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
MARTIN, NANCY P.
4130 ST. ANDREWS DR
BOYNTON BEACH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: JOHN D. MARTIN, JR.
John D. Martin Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 7, 2007 (541) 732-8125
Date Daytime Phone #