

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000006854

1. Entity Name
DAVE MARTIN INTERNATIONAL CORPORATION



Principal Place of Business
**327 N. DOVER CT
LAKE MARY, FL 32746**

Mailing Address
**P.O. BOX 608150
ORLANDO, FL 32860**



03152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3681794

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTIN, DAVID W
327 N. DOVER CT
LAKE MARY, FL 32746**

**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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MARTIN, DAVID W
STREET ADDRESS	327 N. DOVER CT
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	DV
NAME	MARTIN, CHRISTINE L
STREET ADDRESS	327 N. DOVER CT
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	DST
NAME	MARTIN, DAVID W
STREET ADDRESS	1420 TRAVERTINE TERRACE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D
NAME	MIHLFELD, KEVIN
STREET ADDRESS	234 FERRY ROAD
CITY-ST-ZIP	FREDERICKSBURG, VA 22405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/10/07-80040-005 61.25

**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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID MARTIN

3/19/07

Date

407.770.2020

Daytime Phone #