

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90045 048 ****61.25

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**

2. Principal Place of Business - No P.O. Box #
**6750 N ORANGE BLOSSOM TRAIL
Suite, Apt. #, etc.
STE B-4**

3. Mailing Address

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State

Zip
32810

Country

ORANGE

Zip

Country

04012008 Chg-NP CR2E037 (12/06)

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**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
MARTIN, DAVID W
327 N. DOVER CT
LAKE MARY, FL 32746** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
MARTIN, CHRISTINE L
327 N. DOVER CT
LAKE MARY, FL 32746** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
MARTIN, DAVID W
1420 TRAVERTINE TERRACE
SANFORD, FL 32771** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MIHLFELD, KEVIN
234 FERRY ROAD
FREDERICKSBURG, VA 22405** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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: *Dave Martin (accountant)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/08
Date

407-770-2020
Daytime Phone #