

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18225

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: THE MARTIN BUILDING, INC.

**Current Principal Place of Business:**

1580 40TH TERRACE S.W.  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

12455 COLLIER BLVD  
NAPLES, FL 34116

**New Mailing Address:**

FEI Number: 59-2778860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARZUCCO, MARCIA  
12455 COLLIER BLVD  
NAPLES, FL 34116 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

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: MARZUCCO, MARCIA  
Address: 12455 COLLIER BLVD.  
City-St-Zip: NAPLES, FL 34116

Title: V.P. ( ) Delete  
Name: COBB, JERELYN  
Address: 1580 40TH TERRACE S.W.  
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete  
Name: WILLIAMS, ROBERT  
Address: 1580 40TH TERRACE S.W.  
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete  
Name: LEON, NEEVER  
Address: 1580 40TH TERRACE S.W.  
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete  
Name: MARZUCCO, JOSEPH  
Address: 12455 COLLIER BLVD  
City-St-Zip: NAPLES, FL 34116

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

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

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERELYN J. COBB

VP

04/28/2009

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

\_\_\_\_\_  
Date