2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N95000004582 02-06-2007 90006 017 ****61.25 KEEP MARTIN BEAUTIFUL, INC. Principal Place of Business Mailing Address 120-B SW 5TH STREET 120-B SW 5TH STREET STUART, FL 34994 STUART, FL 34994 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 01152007 Cha-NP CR2E037 (12/06) 4. FEI Number 59-3342120 City & State City & State Applied For Not Applicable Country \$8.75 Additional 7in Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TOMPKINS, JOY 1357 NE OCEAN BLVD #41-B Street Address (P.O. Box Number is Not Acceptable) STUART, FL 34996 City Jensen Brach 34957 8. The above named entity supports 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 age Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2007 Trust Fund Contribution. Added to Fe OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TM F Detete TITLE Addition WADDELL, BRENT NAME NAME STREET ADDRESS 1098 NE KUBEN AVE STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL 34957 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE かりゅうしゅん TITLE JEFFREY SABIN 2483 SW WEDGENOOD W SABIN, JEFFREY NAME STREET ADDRESS 7700 SE BRIDGE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND, FL 33455 CUART Addition Delete ☐ Channe TITLE TITLE TOMPKINS, JOY NAME NAME 4683 Sus. 1357 NE OCEAN BLVD, #41-B STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP STUART, FL 34996 **✓** Addition Detete VD. TITLE TITLE Rhonda Irons BYRD, GAIL A NAME 800 sementerey Rd 4968 SE DIXIE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Sturst, FL 34994 CITY-ST-ZIP STUART, FL 34997 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CRTY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered of 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

JEFFIZE.

SIGNATURE

FILED

Feb 06, 2007 8:00 am