

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90063 025 \*\*\*\*70.00

**DOCUMENT # N95000004582**

1. Entity Name  
**KEEP MARTIN BEAUTIFUL, INC.**



Principal Place of Business  
**120-B SW 5TH STREET  
STUART, FL 34994 US**

Mailing Address  
**120-B SW 5TH STREET  
STUART, FL 34994 US**

2. Principal Place of Business - No P.O. Box #

**1251 SW 27th St**

3. Mailing Address

**1251 SW 27th St**

Suite, Apt. #, etc.

**Suite 4**

Suite, Apt. #, etc.

**Suite 4**

City & State

**Palm City, FL**

City & State

**Palm City, FL**

Zip

**34990**

Country

**USA**

Zip

**34990**

Country

**USA**

01082008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3342120**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WADDELL, BREUT  
1098 NE KUBIN AVE  
JENSON BEACH, FL 34757**

7. Name and Address of New Registered Agent

Name **Lisa Quaglia**  
Street Address (P.O. Box Number Not Acceptable)

**425 21st St**

City **Vero Beach**

**FL**

Zip Code **32960**

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)

**1/22/08**  
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 **DT** ☒ Delete  
NAME **WADDELL, BRENT**  
STREET ADDRESS **1098 NE KUBEN AVE**  
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **P** ☐ Delete  
NAME **SABIN, JEFFREY**  
STREET ADDRESS **9483 SW WEDGENWOOD LANE**  
CITY-ST-ZIP **STUART, FL 34997**

TITLE **VD** ☐ Delete  
NAME **YANCEY, PATRICK**  
STREET ADDRESS **4683 SW BERMUDA WAY**  
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **DS** ☐ Delete  
NAME **IRONS, RHONDA**  
STREET ADDRESS **500 SE MONTEREY ROAD**  
CITY-ST-ZIP **STUART, FL 34994**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **Lisa Quaglia**  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **Secretary** ☒ Change ☐ Addition  
NAME **Yancey, Patrick**  
STREET ADDRESS **4683 SW Bermuda Way**  
CITY-ST-ZIP **Palm City, FL 34990**

TITLE **Vice President** ☒ Change ☐ Addition  
NAME **Irons, Rhonda**  
STREET ADDRESS **500 SE Monterey Rd**  
CITY-ST-ZIP **Stuart, FL 34994**

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

TITLE ☐ Change ☐ Addition  
NAME  
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 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

**1/22/08** **(772) 781-0823**  
Date Daytime Phone #