


**2007 FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90082 009 \*\*\*158.75

DOCUMENT # P00000083931

1. Entity Name  
 THE MARTELL LAW FIRM AND ASSOCIATES,  
 CHARTERED



Principal Place of Business 1834 MAIN ST. SARASOTA, FL 34236 US	Mailing Address 1834 MAIN ST. SARASOTA, FL 34236 US
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**DO NOT WRITE IN THIS SPACE**



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1037279	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFREY, DOUGLAS J ESQ.  
 GILBRIDE, HELLER & BROWN, P.A.  
 2 S. BISCAYNE BLVD., 15TH FLOOR  
 MIAMI, FL 33131-1806

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS MARTELL, MATTHEW Z, ESQ. 1834 MAIN ST. SARASOTA, FL 34236
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**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 607, 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: Matthew J. Madel 4-30-07 (941) 556-7020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #