2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# P00000090829

Entity Name: MARTIN OPERATING CORP.

Current Principal Place of Business:

6011 SE TOWER DR
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

6011 SE TOWER DR
STUART, FL 34997

New Mailing Address:

7300 OLEANDER AVENUE
PORT ST. LUCIE, FL 34952

FEI Number: 14-1515566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FICOCELLO, JOSEPH
7300 OLEANDER AVE
PORT ST LUCIE, FL 34952 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HOFFMAN, SCOTT H
Address: 22 HOLLAND AVENUE
City-St-Zip: ALBANY, NY 12209

Title: P ( ) Delete
Name: FICOCELLO, JOSEPH
Address: 6011 SE TOWER DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S ( ) Delete
Name: KIMES, TIMOTHY
Address: 6011 SE TOWER DR.
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HOFFMAN, SCOTT H
Address: 7300 OLEANDER AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: P (X) Change ( ) Addition
Name: FICOCELLO, JOSEPH
Address: 7300 OLEANDER AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

SIGNATURE: JOSEPH FICOCELLO P 01/06/2009

Electronic Signature of Signing Officer or Director — Date