2007 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ABDRESS
CITY-ST-ZIP

Aug 03, 2007 08:00 AN Secretary of State **DOCUMENT # P01000097579** 1. Entity Name MARTIN FRANCART, INC. Principal Place of Business Mailing Address 3856 KINGSTON BLVD P.O.BOX 21062 SARASOTA, FL 34238 SARASOTA, FL 34276-4062 05072007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1144426 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRANCART, MARTIN DO NOT WRITE 2225 STICKNEY PT RD. SARASOTA, FL 34231 IN THIS SPACE 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 agont and title if applicable (NOTE, Registered Agent signature required when reinstalling) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be U00000771400 Trust Fund Contribution. Added to Fees Due by September 14, 2007 <u>/N3/07-80005-014</u>550.00 OFFICERS AND DIRECTORS 10. MILE D FRANCART, MARTIN NAME PO BOX 21062 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34276 TILE MARKE STREET ADORESS CITY-ST-ZIP 113<u>1.5</u> NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME

FILED

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 judgired 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: 5/17/07
SIGNATURE SUBTINGUE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deptime Prioris #