2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

1. Entity Name MARTIN'S SUPPORT HOUSING, INC.							04-17-2006 9	0399 040) ***150.	.00
Principal Place of Business 4623 W BAY TO BAY BLVD TAMPA, FL 33629			Mailing Address 4623 W BAY TO BAY BLVD TAMPA, FL 33629							
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.							4 1 1 3 	
City & State		City & State			01262006 4. FEI Number	Chg-P	CRZEUS	34 (11/05)	plied For	
Zip Country		7ip Country			37-1426	3484		No	t Applicable	
Zip Country		Zip Counte		atry	5. Certificate of	of Status Desired		\$8.75 Add ee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
MARTIN, W. MAURICE										
4623 W BAY TO BAY BLVD TAMPA, FL 33629					Street Address (P.O. Box Number	r is Not Acceptable	·)		
, i									_	
					City FL Zip Code					
8. The above the obligat	named entit tions of regis	ty submits this statement fo tered agent.	r the purpose of changing its	register	ed office or register	ed agent, or both	n, in the State of Flo	rida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed	d or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature required	when reinstating)		DATE		
				_						
}			O Flending Comme			^^				
		FEE IS \$150.00 6 Fee will be \$550.0	9. Election Campai Trust Fund Conti			.00 May Be ed to Fees				
After.M	ay 1, 200		Trust Fund Cont	ribution.	Add	ed to Fees	CHANGES TO OFFI	CERS AND		
After.M	ay 1, 200	6 Fee will be \$550.0	Trust Fund Conti	ribution.	☐ Ādd	ed to Fees	CHANGES TO OFFI	CERS AND	DIRECTORS Change	S IN 11
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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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: _