## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 07, 2007 08:00 AM DOCUMENT # P02000074155 **Secretary of State** 1. Entity Name MARTEL ELECTRICAL SERVICES, INC. Principal Place of Business 2611 SHIPROCK COURT 2611 SHIPROCK COURT **DELTONA FL 32738 DELTONA FL 32738** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 45-0482304 Not Applicable Ζıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTEL, DENNIS R Street Address (P.O. Box Number is Not Acceptable) 2611 SHIPROCK COURT **DELTONA FL 32738** City Zip Code 8. The above named ontity 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, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Addition Delete MARTEL, DENNIS R NAME NAME 2611 SHIPROCK COURT STREET ADDRESS STREET ADDRESS **DELTONA FL 32738** CHY-ST-7IP CITY-ST-ZIP U00000657972 □ Change □ Chang IIRE ☐ Delete DILLE ☐ Addition MARTEL, MATTHEW R 2611 SHIPROCK CT. STREET ADDRESS STREET ADDRESS **DELTONA FL 32738** CITY-ST-ZIP CITY-ST-ZIP ☐ Delête Change Addition TITEF TITLE MARTEL, SHAWN NAME NAME 2611 SHIPROCK CT. STREET ADDRESS STREET ADDRESS CITY ST-ZIP **DELTONA FL 32738** CHY-SI-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-S1-ZIP

ING OFFICER OR DIRECTOR