2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 08:00 AM
Secretary of State

| DOCUMENT # P02000080514 1. Enlity Name MARTIN ORLANDO, INC. | | | | Secretary of Sta | | |
|---|--|---|-------------------------|--|---------------------------------------|-----------------------------------|
| Principal Place | | Mailing Address | * | | | |
| LARGO, FL | | P.O. BOX 348 LARGO, FL 33779 | | | | |
| | | | ···· | | | |
| | NOT WOLTE I | N THIS CO | \ | 02262007 | No Chg-P C | R2E034 (11/05) |
| DO NOT WRITE IN THIS SPA | | | ACE | 4. FEI Number 16-161892 | 9 | Applied For Not Applicable |
| | | | | 5. Certificate of Sta | atus Desired | \$8.75 Additional Fee Required |
| | 6. Name and Address of Current Reg | istered Agent | | ······································ | | |
| RIPPARD, WILLIAM H 4053 ROCK HILL LOOP APOPKA, FL 32712 | | | | DO N | OT WRI | TE |
| APOPKA, | FL 32/12 | | | IN TH | IIS SPA | CE |
| 8. The above the obligat | named entity submits this statement for the ions of registered agent. Signature typed or printed name of registered agent and bit | | tered office or registr | | | I am familiar with, and accept |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | 9. Election Campaign Fir Trust Fund Contribution | nancing \$ | 5.00 May Be ided to Fees | · · · · · · · · · · · · · · · · · · · | 37.1. |
| 10. OFFICERS AND DIRECTORS | | | | | | |
| TITLE | SD | | | | • | |
| NAME | RIPPARD, WILLIAM H | | | ** | | |
| STREET ADDRESS | P.O. BOX 348 | | | | | |
| C/TY-ST-ZIP | LARGO, FL 33779 | · | | | Hanninger | ววิกด |
| TITLE | | | 4 | n | 2/12/07-20 | 3708 031-023 150.00 |
| NAME OTBEET ADDRESS | | | | u | 01 194 B. I. DD | اللاءاللان المشال المال |
| STULET ANNOUGHE | ı | | | | | |

DO NOT WRITE IN THIS SPACE

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 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:

STREET ADDRESS CITY-ST-ZIP

CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS

CITY-SI-ZIP

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

SIGNATURE AND TYPED OR PRIVED NAME OF SIGNING OFFICER OR DIRECTOR

26/07 (407) (44-581)