

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90013 047 \*\*\*150.00

**DOCUMENT # P02000100241**

1. Entity Name  
**MARTIN SECURITY GROUP, INC.**



Principal Place of Business  
**314 NEWBURYPORT AVE  
ALTAMONTE SPRINGS, FL 32701**

Mailing Address  
**P.O. BOX 150853  
ALTAMONTE SPRINGS, FL 32715**

**60043104**



**DO NOT WRITE IN THIS SPACE**

04302008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**38-3659721**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MARTIN, BARBARA  
314 NEWBURYPORT AVE.  
ALTAMONTE SPRINGS, FL 32701**

**DO NOT WRITE  
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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	MARTIN, BARBARA
STREET ADDRESS	314 NEWBURYPORT AVE
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	P
NAME	MARTIN, THOMAS
STREET ADDRESS	314 NEWBURYPORT AVE
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	MARTIN, John VP
NAME	314 Newburyport Ave
STREET ADDRESS	Altamonte Springs, FL 32701
CITY - ST - ZIP	
TITLE	MARTIN, Timothy VP
NAME	314 Newburyport Ave
STREET ADDRESS	Altamonte Springs, FL 32701
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:** *Barbara Martin, Barbara Martin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-30-08 407-834-2656*  
Date Daytime Phone #