

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90082 046 \*\*\*150.00

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # P03000144667</b><br>1. Entity Name<br><b>MARTIN CLEANING SERVICE, INC</b>  |  |   |   |
| Principal Place of Business<br><b>7075 TRAVIS STREET</b><br><b>GLEN ST. MARY, FL 32040 US</b>  |  | Mailing Address<br><b>P O BOX 98</b><br><b>GLEN ST. MARY, FL 32040 US</b>   |   |
| 2. Principal Place of Business<br><b>7060 Travis Street</b>  |  | 3. Mailing Address<br>  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |
| City & State<br><b>Glen St. Mary</b>   |  | City & State  |   |
| Zip<br><b>32040</b>  | Country<br><b>USA</b>  | Zip   | Country   |
| 6. Name and Address of Current Registered Agent<br><br><b>MARTIN, LINDA G</b><br><b>7075 TRAVIS STREET</b><br><b>GLEN ST. MARY, FL 32040</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7060 Travis Street</b><br>City <b>Glen St. Mary</b> <b>FL</b> Zip Code <b>32040</b> |   |
| 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.<br>SIGNATURE <u><i>Linda G. Martin</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____ |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br><b>MARTIN, LINDA G</b><br><b>7075 TRAVIS STREET</b><br><b>GLEN ST. MARY, FL 32040</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>7060 Travis Street</b><br><b>Glen St. Mary, FL 32040</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
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01182006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-0484835**  
Applied For  
Not Applicable

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

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:** *Linda G. Martin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #