


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90040 009 \*\*\*158.75

<b>DOCUMENT # P03000153364</b> 1. Entity Name <b>MARTIN SUBCONTRACTING, INC.</b>					
Principal Place of Business <b>1205 NE 19 ST CAPE CORAL, FL 33909</b>			Mailing Address <b>1205 NE 19 ST CAPE CORAL, FL 33909</b>		
2. Principal Place of Business <b>1717 SW 34th St.</b>		3. Mailing Address <b>1717 SW 34th St.</b>			
Suite, Apt. #, etc. <b>Cape Coral FL</b>		Suite, Apt. #, etc. <b>CAPE CORAL FL</b>			
City & State <b>FL</b>		City & State <b>FL</b>			
Zip <b>33909</b>	Country <b>new U.S.</b>	Zip <b>33914</b>	Country <b>U.S.</b>	4. FEI Number <b>56-2420443</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MARTIN, GEORGE 1205 NE 19 ST CAPE CORAL, FL 33909</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT MARTN, GEORGE 1205 NE 19 ST CAPE CORAL, FL 33909		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS MARTN, ELISA 1205 NE 19 ST CAPE CORAL, FL 33909		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Elisa Martin</u> <b>3-10-06 239-565-7647</b>					

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