

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000041442

1. Entity Name

MARTIN'S CABINETS, INC.



Principal Place of Business
2306 WELLS AVENUE
ALVA FL 33920

Mailing Address
2306 WELLS AVENUE
ALVA FL 33920



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number 20-0809356

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDROCK, MARTIN P
2306 WELLS AVENUE
ALVA FL 33920

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Martin P. Hendrock

Martin P. Hendrock

1/30/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME: HENDROCK, MARTIN P ☐ Delete
STREET ADDRESS: 2306 WELLS AVE
CITY-STATE-ZIP: ALVA FL 33920

TITLE ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP: U000000614631
02/06/07-80039-009 150.00

TITLE ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE ☐ Delete
NAME:
STREET ADDRESS:
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby 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 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:

Martin P. Hendrock

Martin P. Hendrock

1/30/07 (239) 349-5189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #