2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000080906

1. Entity Name
MARTIN AND PRICE, INC.

Principal Place of Business	Mailing Address
7165 E. SAVANNAH COURT FLORAL CITY, FL 34436	7165 E. SAVANNAH COURT FLORAL CITY, FL 34436

DO NOT WRITE IN THIS SPACE

03302006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2465459

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, ROBERT P
7165 E. SAVANNAH COURT
FLORAL CITY, FL 34436

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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: Robert P Martin 4-14-06
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTIN, ROBERT P
STREET ADDRESS	7165 E. SAVANNAH COURT
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	D
NAME	MARTIN, BEVERLY A
STREET ADDRESS	7165 E. SAVANNAH COURT
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	D
NAME	PRICE, ORTHA W
STREET ADDRESS	5240 CLAYBANK ROAD
CITY-ST-ZIP	CROSS LANES, WV 25313
TITLE	D
NAME	PRICE, SHARON A
STREET ADDRESS	5240 CLAYBANK ROAD
CITY-ST-ZIP	CROSS LANES, WV 25313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80130-020 150.00

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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: Robert P Martin 4-14-06 (352) 344-2993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #