

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # P04000082392

1. Entity Name
MARTIN DESIGN ASSOCIATES, INC.



Principal Place of Business
**3855 TUCKS RD
BOYNTON BEACH, FL 33436**

Mailing Address
**3855 TUCKS RD
BOYNTON BEACH, FL 33436**



03102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1156258

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALK, GARY ESQ.
515 N. FLAGLER DRIVE
18TH FLOOR
WEST PALM BEACH, FL 33401**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MARTIN, CHAD
8112 SOUTH LAKE DRIVE
WEST PALM BEACH, FL 33406**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
MARTIN, LARA
8112 SOUTH LAKE DRIVE
WEST PALM BEACH, FL 33406**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
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STREET ADDRESS
CITY - ST - ZIP

U000000672189
03/28/07-80058-023 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER **CHAD MARTIN**

PD

3/14/07

Date

561 734 8228

Daytime Phone #