

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90025 018 ***150.00

DOCUMENT # P04000101201

1. Entity Name
F & L MARTIN INSTALLATIONS, INC.



Principal Place of Business
2453 COUNTY ROAD 520
SUMTERVILLE, FL 33585

Mailing Address
2453 COUNTY ROAD 520
SUMTERVILLE, FL 33585

00000400



2. Principal Place of Business
2760 CR 423
Suite, Apt. #, etc.

3. Mailing Address
2760 CR 423
Suite, Apt. #, etc.

08302006 Chg-P CR2E034 (11/05)

City & State
LAKE PANASOFFKEE, FL
Zip 33538 Country

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LAKE PANASOFFKEE, FL
Zip 33538 Country

4. FEI Number
20-1333709
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, FRED
2453 COUNTY ROAD 520
SUMTERVILLE, FL 33585

7. Name and Address of New Registered Agent

Name FRED MARTIN
Street Address (P.O. Box Number is Not Acceptable)
2760 CR 423
City LAKE PANASOFFKEE FL Zip Code 33538

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 *X Fred Martin*

8-30-06

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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
MARTIN, FRED
2453 COUNTY ROAD 520
SUMTERVILLE, FL 33585 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MARTIN, LORI
2453 COUNTY ROAD 520
SUMTERVILLE, FL 33585 ☐ Delete

TITLE
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
2760 CR 423
LAKE PANASOFFKEE FL 33538

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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.

SIGNATURE: *X Fred Martin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-30-06