


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000109898</b>	
1. Entity Name <b>MARTINS DESIGN &amp; BUILD CO., INC.</b>	

Principal Place of Business <b>2471 CAVALLA LOOP PENSACOLA, FL 32526</b>	Mailing Address <b>2471 CAVALLA LOOP PENSACOLA, FL 32526</b>
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01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1422962</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MARTIN, MICHAEL D 2471 CAVALLA LOOP PENSACOLA, FL 32526</b>
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**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 \_\_\_\_\_

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, 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	P MARTIN, MICHAEL D 2471 CAVALLA LOOP PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, JEFFREY D 2146 GLORIA CIRCLE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, SHAWN K 7420 VELMA DRIVE PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, BARBARA 2471 CAVALLA LOOP PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/13/07-80037-007 150.00

**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 OR DIRECTOR

**3/19/07**

Date

**850-380-2041**

Daytime Phone #