


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000140042	
1. Entity Name M.W. MARTIN CONSTRUCTION INC.	

Principal Place of Business 1115 SPANISH OAKS BLVD PALM HARBOR, FL 34683	Mailing Address 1115 SPANISH OAKS BLVD PALM HARBOR, FL 34683
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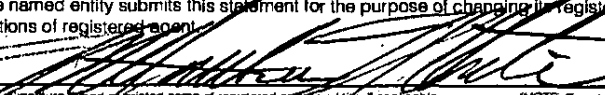
06092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1723651	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARTIN, MATTHEW W 1115 SPANISH OAKS BLVD PALM HARBOR, FL 34683
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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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 6/6/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>

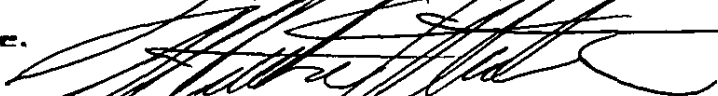
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, MATTHEW W 1115 SPANISH OAKS BLVD PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, MATTHEW W 1115 SPANISH OAKS BLVD PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MARTIN, MATTHEW W 1115 SPANISH OAKS BLVD PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/13/06-80001-008 150.00

**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.
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SIGNATURE 

6/6/06