2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000045830

1. Entity Name
MARTIN SEWER TESTING, INC.

Principal Place of Business	Mailing Address
5403 13TH AVE DR W BRADENTON, FL 34209	5403 13TH AVE DR W BRADENTON, FL 34209

03072008   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
20-2699318	Not Applicable

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

6. Name and Address of Current Registered Agent

ANDRICKS, RANDALL
5403 13TH AVE DR W
BRADENTON, FL 34209

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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_____

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, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

02/29/08 80018 018 $150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	ANDRICKS, RANDALL
STREET ADDRESS	5403 13TH AVE DR W
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	D
NAME	ANDRICKS, ELIZABETH
STREET ADDRESS	5403 13TH AVE DR W
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #