
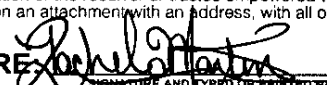


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90300 001 ***300.00

DOCUMENT # P05000084695 1. Entity Name MARTIN HOMES OF PENSACOLA, INC.			
Principal Place of Business 5661 CHANTERELLE CIRCLE MILTON, FL 32583		Mailing Address 5661 CHANTERELLE CIRCLE MILTON, FL 32583	
2. Principal Place of Business - No P.O. Box # 6014 Lancaster Court Suite, Apt. #, etc.		3. Mailing Address 6014 Lancaster Court Suite, Apt. #, etc.	
City & State Pace, FL		City & State Pace, FL	
Zip 32571	Country US	Zip 32571	Country US
4. FEI Number 20-2872172		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, RACHEL 5661 CHANTERELLE CIRCLE MILTON, FL 32583		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6014 Lancaster Court City Pace FL Zip Code 32571	
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. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, RACHEL 5661 CHANTERELLE CIRCLE MILTON, FL 32583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6014 Lancaster Court Pace, FL 32571 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, MICHAEL D 2471 CAVALLA LOOP PENSACOLA, FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6014 Lancaster Court Pace, FL 32571 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KILCREASE, DARIN L 7806 DEBORAH DR PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 		Rachel Martin 4/30/08 (850) 944-1485	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	