

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000011695

1. Entity Name
MARTON CORP.



Principal Place of Business
1853 NW 96 AVE
PLANTATION, FL 33322

Mailing Address
1853 NW 96 AVE
PLANTATION, FL 33322



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1769925	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REID, WILLIAM A
1853 NW 96 AVE
PLANTATION, FL 33322

**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

NO CHANGES

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REID, WILLIAM A 1853 NW 96 AVE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REID, MARLENE E 1853 NW 96 AVE PLANTATION, FL 33322
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05/15/08-80025-018 150.00

**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:

Atty RP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 21 08

Date

954 475-0206

Daytime Phone #