

2007 FOR PROFIT CORPORATION. ANNUAL REPORT

DOCUMENT # P13388

1. Entity Name
MARTLET IMPORTING CO., INC.



Principal Place of Business
11921 FREEDOM DRIVE
SUITE 550
RESTON, VA 20190 US

Mailing Address
11921 FREEDOM DRIVE
SUITE 550
RESTON, VA 20190 US

FILED
Apr 26, 2007 08:00 AM
Secretary of State



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number
98-0013724

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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	PD
NAME	MICHAEL T JONES
STREET ADDRESS	813 GENESEE STREET
CITY-ST-ZIP	DELAFIELD, WI
TITLE	SD
NAME	ROGERS, STEPHEN D.
STREET ADDRESS	816 EAST LAKE FOREST AVE.
CITY-ST-ZIP	WHITEFISH BAY, WI 53217
TITLE	T
NAME	HATTERSLEY, GAVIN D. K.
STREET ADDRESS	316 WEST TRILLIUM ROAD
CITY-ST-ZIP	MEQUON, WI 53092

U00000732988
05/09/07-80066-020 150.00

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Stephen D. Rogers
Secretary

4-20-07

414-931-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #