

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000023186

1. Entity Name  
MARTIN WOOD PRODUCTS, INC.



Principal Place of Business  
1129 JACKS BRANCH RD  
CANTONMENT, FL 32533

Mailing Address  
1129 JACKS BRANCH RD  
CANTONMENT, FL 32533



01262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3171697

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MARTIN, JEFFREY O  
1129 JACKS BRANCH RD  
CANTONMENT, FL 32533

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

UD00000811654  
02/12/08-80015-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MARTIN, JEFFREY O
STREET ADDRESS	1129 JACKS BRANCH RD
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	D
NAME	MARTIN, TERESA A
STREET ADDRESS	1129 JACKS BRANCH RD
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

*Jeffrey Martin*  
Jeffrey Martin

2-1-07

850-968-9497

Date

Daytime Phone #