

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000030330		
1. Entity Name MAUREEN MARTENS CERTIFIED LEGAL ASSISTANT SERVICES, INC.		

Principal Place of Business 4130 WINDOVER WAY MELBOURNE, FL 32934 US	Mailing Address 4130 WINDOVER WAY MELBOURNE, FL 32934 US
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04022006 No Chg-P CR2E034 (11/05)

4. FEI Number 69-3240985	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 MARTENS, MAUREEN S 4130 WINDOVER WAY MELBOURNE, FL 32934
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**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, 2006 Fee will be \$550.00**

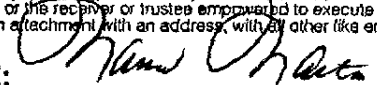
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000492599
04/19/06-80072-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST MARTENS, MAUREENS 4130 WINDOVER WAY MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARTENS, RICHARD H 4130 WINDOVER WAY MELBOURNE, FL
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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 or without other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/06 (301)242-2785
Date Daytime Phone #