

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000042428			
1. Entity Name MARTIN EXTERIORS, INC.			
Principal Place of Business 359 HAMLET CIRCLE LAKE CITY FL 32024 US		Mailing Address PO BOX 1831 LAKE CITY FL 32056 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MARTIN, BENNETT G 359 HAMLET CIRCLE LAKE CITY FL 32055		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Ben Martin</u> Ben Martin <u>2/4/06</u> Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	CP MARTIN, BENNETT G POST OFFICE BOX 1831 N/A LAKE CITY FL 32056 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100000422128 ☐ Change ☐ Addition 02/17/06-80002-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIERCE, TERRANCE L HC4 BOX 808 OLD TOWN FL 32680 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ben Martin **Ben Martin**

2/4/06
Date Daytime Phone #