

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000005930

1. Entity Name  
MARTIN SEPTIC & PORTA SERVICE, INC.



FILED  
07 MAY 23 PM 1:21

CLERK OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
115 SOUTH JACKSON ROAD  
VENICE, FL 34292

Mailing Address  
115 SOUTH JACKSON ROAD  
VENICE, FL 34292

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05152007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
65-0817149

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUFFEY, MARTIN A  
90 CRESTVIEW DR  
ENGLEWOOD, FL 34223

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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  
VPT  
GUFFEY, MARTIN A  
90 CRESTVIEW DR  
ENGLEWOOD, FL 34223 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Martin Guffey  
7339 SW Start Center Street  
Arcadia, FL 34269 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PS  
GUFFEY, JUDITH A  
431 ARGUS ROAD  
VENICE, FL 34293 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Judith Guffey  
431 Argus Road  
Venice, FL 34293 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
GUFFEY, CYNTHIA D  
7339 SW START CENTER ST  
ARCADIA, FL 34269 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200103893182  
06/05/07--01010--013 \*\*\*61.25 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Cynthia Guffey*

*CYNTHIA GUFFEY*

*5/14/07*

*904 490 0400*