

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State

1/1

01-16-2007 90191 031 ***150.00

DOCUMENT # P98000098854

1. Entity Name

MARTIN JUPITER CORPORATION



Principal Place of Business

**18206 SOUTHEAST VILLAGE CIRCLE
TEQUESTA, FL 33469**

Mailing Address

**912 GERMANTOWN PIKE
PLYMOUTH MEETING, PA 19462**

66005770



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0877464

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

**HALDEMAN, ALLEN C
18206 SOUTHEAST VILLAGE CIRCLE
TEQUESTA, FL 33469**

**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] CPA

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

(NOTE: Registered Agent signature required when re-registering)

JAN 3 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	D HALDEMAN, ALLEN C 18206 SOUTHEAST VILLAGE CIRCLE TEQUESTA, FL 33469
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**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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas F. McKernan

2/22/07 610-275-6632

Date

Daytime Phone