


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90024 033 \*\*\*150.00

<b>DOCUMENT # S80580</b> 1. Entity Name <b>MARTIN PINES, INC.</b>	
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Principal Place of Business <b>5094 S.E. FEDERAL HWY. STUART, FL 34997 US</b>	Mailing Address <b>5094 S.E. FEDERAL HWY. STUART, FL 34997 US</b>
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**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>36-3789262</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**KLEIN, SANDRA L.  
505 SOUTHEAST ST. LUCIE BOULEVARD  
STUART, FL 34996**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRISCH, SIDNEY, JR. 14 N. PEORIA STREET - STE. 2-E CHICAGO, IL 60607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSE, HARVEY B. 312 W RANDOLPH ST CHICAGO, IL 60607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLEIN, SANDRA L. 505 SE ST LUCIE BLVD STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, RICHARD J. 3636 S IRON ST CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Deborah A. Frisch 4201 N. Greenvlew St. Chicago, IL 60613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lauren C. Frisch 4201 N. Greenvlew St Chicago, IL 60613

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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: Sandra Lee Klein Sandra Lee Klein 4/1/08 772 286-2023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #