

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 235652

Entity Name: MARTINIQUE CONSTRUCTION INC**Current Principal Place of Business:**15860 S.W. FAMEL AVE
INDIANTOWN, FL 34956**Current Mailing Address:**15860 S.W. FAMEL AVE
INDIANTOWN, FL 34956 US**FEI Number:** 59-0900723**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIEFKER, PAUL E
15860 S W FAMEL AVE
INDIANTOWN, FL 34956 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	SIEFKER,PAUL
Address	15860 S.W. FAMEL AVE.
City-State-Zip:	INDIANTOWN FL 34956

Title	VS
Name	SIEFKER,CLAIRE
Address	15860 S.W. FAMEL AVE.
City-State-Zip:	INDIANTOWN FL 34956

Title	VD
Name	SIEFKER, STEPHEN P
Address	15860 S.W. FAMEL AVE
City-State-Zip:	INDIANTOWN FL 34956

Title	S
Name	HOLLEY, AMY
Address	16601 SW MORGAN ST
City-State-Zip:	INDIANTOWN FL 34956

Title	VP, /DIRECTOR
Name	SIEFKER, GREGORY H
Address	9239 EMILY CIRCLE
City-State-Zip:	LAKE WORTH FL 33467

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL E. SIEFKER**PRES.****03/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date