


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90338 002 ***150.00

DOCUMENT # 643008
 1. Entity Name
MARTIN CONSTRUCTION, INC.



Principal Place of Business
**400 KOKOMO RD.
 P. O. BOX 332
 LAKE HAMILTON, FL 33851-7332**

Mailing Address
**400 KOKOMO RD.
 P. O. BOX 332
 LAKE HAMILTON, FL 33851-7332**



2. Principal Place of Business
400 Kokomo Road
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 332
 Suite, Apt. #, etc.

02172004 Chg-P CR2E034 (10/03)

City & State
Lake Hamilton, FL

City & State
Lake Hamilton, FL

4. FEI Number
59-1946729

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**MARTIN, RANDY
 106 8TH STREET
 LAKE HAMILTON, FL 33851**

7. Name and Address of New Registered Agent
 Name **Randy Martin**
 Street Address (P.O. Box Number is Not Acceptable)
417 6th Street South
 City **Lake Hamilton FL** Zip Code **33851**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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	VS MARTIN, RANDY 106 8TH STREET LAKE HAMILTON, FL 00000. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Randy Martin 417 6 th Street South Lake Hamilton, FL 33851 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MARTIN, JACQUELYN 106 8TH STREET LAKE HAMILTON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Treasurer Jacky Martin 417 6 th Street South Lake Hamilton, FL 33851 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Bridget O'heary 218 Omaha Street South Lake Hamilton, FL 33851 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Jacky Martin Pres.** **4/27/04** **863-439-4655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/rd Phone #