

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000080697

Entity Name: F. E. MARTIN FERNERIES, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

P. O. BOX 1019
DELEON SPRINGS, FL 32130

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1019
DELEON SPRINGS, FL 32130

New Mailing Address:

FEI Number: 11-3646450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, MIRTHA V
1387 STANFIELD COVE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

MARTIN, MIRTHA V CPA
1387 STANFIELD COVE
LAKE MARY, FL 32746 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: MIRTHA VALDES MARTIN, CPA

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTIN, FRANK E
Address: P. O. BOX 1019
City-St-Zip: DELEON SPRINGS, FL 32130

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MARTIN, DEAN F
Address: P O BOX 2
City-St-Zip: DELEON SPRINGS, FL 32130

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: FRANK MARTIN

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date