2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000059727

MARTIN STRINGFELLOW ASSOCIATES, INC.



Mailing Address

222 S. PENNSYLVANIA AVE STE 200 WINTER PARK, FL 32789

SALTSMAN, ROBERT P

SIGNATURE:

WINTER PARK, FL 32789

222 S. PENNSYLVANIA AVE STE 200°

Principal Place of Business

222 S. PENNSYLVANIA AVE STE 200 WINTER PARK, FL 32789

FILED Feb 10, 2005 08:00 AM Secretary of State

CR2E034 (10/03)

Daytime Phone.#



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

02012005 No Chg-P Applied For 4. FEI Number 20-0027247 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature)				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D STRINGFELLOW, MARTIN B 222 S. PENNSYLVANIA AVE STE 200 WINTER PARK, FL 32789)	U00000223770 02/10/05-80058-013 150.00 DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY+ST+ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this feport 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.					