


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000078143
 1. Entity Name
 MARTIN & BURKE CONSTRUCTION, INC.



Principal Place of Business Mailing Address
 749 NOTTINGHAM FOREST CIRCLE 749 NOTTINGHAM FOREST CIRCLE
 SWITZERLAND, FL 32259 SWITZERLAND, FL 32259

DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3340402 Not Applicable

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

6. Name and Address of Current Registered Agent
 MARTIN, MITCHELL A
 749 NOTTINGHAM FOREST CIRCLE
 SWITZERLAND, FL 32259

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	MARTIN, MITCHELL A
STREET ADDRESS	749 NOTTINGHAM FOREST CIRCLE
CITY - ST - ZIP	SWITZERLAND, FL 32259
TITLE	V
NAME	BURKE, MICHAEL T
STREET ADDRESS	2281 REMINGTON PARK ROAD
CITY - ST - ZIP	SWITZERLAND, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Mitchell A. Martin MITCHELL A. MARTIN 4-23-05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 904 504 8380