

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # G12864

1. Entity Name  
**MARTIN & BENNIS, P.A.**



Principal Place of Business Mailing Address  
**319 SOUTHEAST 14TH STREET FT. LAUDERDALE FL 33316-1929**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number <b>59-2240708</b>		Applied For	
Suite, Apt. #, etc		Suite, Apt. #, etc				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country	1st MOORE CR2E034 (10/06)			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>MARTIN, ROBERT C</b> <b>319 SOUTHEAST 14TH STREET</b> <b>FT. LAUDERDALE FL 33316-1929</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	PSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, ROBERT C			NAME			
STREET ADDRESS	319 SOUTHEAST 14TH STREET			STREET ADDRESS	U00000603261		
CITY ST ZIP	FT. LAUDERDALE FL 33316-1929			CITY ST ZIP	01/23/07-80006-014 150.00		
TITLE	VTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENNIS, RANDY M			NAME			
STREET ADDRESS	319 SOUTHEAST 14TH STREET			STREET ADDRESS			
CITY ST ZIP	FT. LAUDERDALE FL 33316-1929			CITY ST ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY ST ZIP				CITY ST ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY ST ZIP				CITY ST ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY ST ZIP				CITY ST ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Robert C. Martin **ROBERT C. MARTIN** 1-19-07 954-524-5331  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #