

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 249779**

1. Entity Name  
**MARTIN OIL CO.**



Principal Place of Business  
**3260 BEACH BLVD.  
P.O. BOX 10457  
JACKSONVILLE, FL 32247**

Mailing Address  
**3260 BEACH BLVD.  
P.O. BOX 10457  
JACKSONVILLE, FL 32247**



01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0936538</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MARTIN, ROLAND P.  
3001 FOREST CIRCLE  
JACKSONVILLE, FL 32217**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000596957  
01/24/07-80017-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MARTIN, ROLAND P  
STREET ADDRESS 3001 FOREST CIR  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE SD  
NAME MARTIN M S  
STREET ADDRESS 3001 FOREST CIRCLE  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE V  
NAME MARTIN MARVIN CASEY  
STREET ADDRESS 185 S ROSCOE BLVD  
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-07

Date

904 398-5331

Daytime Phone #