


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 249779</b> 1. Entity Name <b>MARTIN OIL CO.</b>	
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Principal Place of Business <b>3260 BEACH BLVD. P.O. BOX 10457 JACKSONVILLE, FL 32247</b>	Mailing Address <b>3260 BEACH BLVD. P.O. BOX 10457 JACKSONVILLE, FL 32247</b>
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**DO NOT WRITE IN THIS SPACE**



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0936538</b>	Applied For <input type="checkbox"/> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000861887 04/03/08-80027-006 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, ROLAND P 3001 FOREST CIR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN M S 3001 FOREST CIRCLE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN MARVIN CASEY 185 S ROSCOE BLVD 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	

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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:** *Ray Martin* **3/14/08** **904 398-5331**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #