


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 313169	
1. Entity Name MARY MARTIN ENTERPRISES, INC.	

Principal Place of Business 4580 THOMASVILLE ROAD TALLAHASSEE FL 32308	Mailing Address 4580 THOMASVILLE ROAD TALLAHASSEE FL 32308
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-1211873		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARTIN, HUGH 4580 THOMASVILLE RD TALLAHASSEE FL 32308	7. Name and Address of New Registered Agent Name Street Address (P. O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ 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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME MARTIN, HUGH	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME U00000226689
STREET ADDRESS 4580 THOMASVILLE RD	CITY - ST - ZIP TALLAHASSEE FL	STREET ADDRESS	CITY - ST - ZIP 02/12/05-80026-007 150.00
TITLE PD <input type="checkbox"/> Delete	NAME MARTIN, MARY B	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 4580 THOMASVILLE RD	CITY - ST - ZIP TALLAHASSEE FL	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP	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)(f), 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: Mary B. Martin **MARY B. MARTIN** 2/10/05 668-4310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #