


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 350418	
1. Entity Name MARTINE'S DEVELOPMENT CORPORATION	

Principal Place of Business 120 E. MAIN ST. SUITE A PENSACOLA, FL 32501 US	Mailing Address 120 E. MAIN ST. SUITE A PENSACOLA, FL 32501 US
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DO NOT WRITE IN THIS SPACE



05042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1301700	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARKS, JAMES J. JR. 120 E. MAIN ST. SUITE A PENSACOLA, FL 32501

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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.	1100000366344 05/12/05-80009-009 150.00 DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARKS, CHRISTINE T. 120 E. MAIN ST. SUITE A PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MARKS, JAMES J. J 120 E. MAIN ST. SUITE A PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NASH, NEAL 120 E. MAIN ST. SUITE A PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASH, LIANNA MARKS 120 E. MAIN ST. SUITE A PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

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 another like empowered.

SIGNATURE: 	NEAL NASH 5-10-05 850-429-8680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Days/Time Phone #