

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 554604

FILED
Jan 10, 2005
Secretary of State

Entity Name: MARTY'S MAINTENANCE & REPAIR, INC.

Current Principal Place of Business:

HWY 361A DREAMACRES
CROSS CITY, FL 32628 US

New Principal Place of Business:

916 NE 223 AVE.
CROSS CITY, FL 32628 US

Current Mailing Address:

PO BOX 2389
CROSS CITY, FL 32628 US

New Mailing Address:

916 NE 223 AVE.
CROSS CITY, FL 32628 US

FEI Number: 65-0145443 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SOLOMON, MARTIN D.
HWY 351 A DREAM ACRES
P.O. BOX 2389
CROSS CITY, FL 32628 US

Name and Address of New Registered Agent:

SOLOMON, MARTIN D.
916 NE 223 AVE.
CROSS CITY, FL 32628 US

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.

SIGNATURE: _____ 01/10/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOLOMON, MARTIN D.,
Address: HWY 351A DREAMACRES(P.O. BOX 2389)
City-St-Zip: CROSS CITY, FL 32628

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SOLOMON, MARTIN D.,
Address: 916 NE 223 AVE.
City-St-Zip: CROSS CITY, FL 32628

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOLOMON, MARTIN D. P 01/10/2005
Electronic Signature of Signing Officer or Director Date