


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90248 005 ***150.00

DOCUMENT # 826075
 1. Entity Name
MARTIN FIREPROOFING GEORGIA, INC.



Principal Place of Business Mailing Address
1318 WASHINGTON HWY. **P.O BOX 768**
P O BOX 768 **P O BOX 768**
ELBERTON, GA 30635 US **ELBERTON, GA 30635 US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **P O BOX 27**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BUFFALO NY

Zip Country Zip Country
14217 USA

8. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

00001301



04222005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
58-1030029 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN JR, CHAS A	
STREET ADDRESS	2200 MILITARY RD.	
CITY-ST-ZIP	TONAWANDA, NY 14150	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTIN, THOMAS J.	
STREET ADDRESS	28 PLYMOUTH PLACE	
CITY-ST-ZIP	WILLIAMSVILLE, NY	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	MARTIN, JOHN D.	
STREET ADDRESS	31 LAKE LEDGE DR	
CITY-ST-ZIP	WILLIAMSVILLE, NY	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, JAMES B JR	
STREET ADDRESS	1862 LEXINGTON HWY.	
CITY-ST-ZIP	ELBERTON, GA	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOWMAN, DANIEL, J	
STREET ADDRESS	41 CENTERVIEW DR	
CITY-ST-ZIP	WEST SENECA, NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(i), 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: *Daniel J. Bowman* Date: 5/12/05 Daytime Phone #: 716 692-3680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DANIEL J. BOWMAN SECRETARY