

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000967

FILED  
Mar 18, 2004  
Secretary of State

Entity Name: MARTA TRACK CONSTRUCTORS, INC.

## Current Principal Place of Business:

1024 ROUTE 519, SUITE 300  
EIGHTY FOUR, PA 15330 A

## New Principal Place of Business:

4390 IMESON ROAD  
JACKSONVILLE, FL 32219 A

## Current Mailing Address:

1024 ROUTE 519, SUITE 300  
EIGHTY FOUR, PA 15330 A

## New Mailing Address:

4390 IMESON ROAD  
JACKSONVILLE, FL 32219 A

FEI Number: 52-1059261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: CARLIN, JOE  
Address: 1024 ROUTE 519, SUITE 300  
City-St-Zip: EIGHTY FOUR, PA 15330

Title: DST ( ) Delete  
Name: BEAM, GARY  
Address: 1024 ROUTE 519, SUITE 300  
City-St-Zip: EIGHTY FOUR, PA 15330

Title: AS ( ) Delete  
Name: BONFIGLIO, JOANNE  
Address: 48 DUNNIGAN DR  
City-St-Zip: PAMONA, NY 10970

Title: AT ( ) Delete  
Name: DANIELO, ALDO  
Address: 31 HORSESHOE DR  
City-St-Zip: HILLSBOROUGH, NJ 08844

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: CARLIN, JOE  
Address: 4390 IMESON ROAD  
City-St-Zip: JACKSONVILLE, FL 32219

Title: DST (X) Change ( ) Addition  
Name: BEAM, GARY  
Address: 4390 IMESON ROAD  
City-St-Zip: JACKSONVILLE, FL 32219

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GARY BEAM

DST

03/18/2004

Electronic Signature of Signing Officer or Director

Date