2007 FOR PROFIT CORPORATION

FILED Jul 05, 2007 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # G77660 1. Entity Name RICHARD MARTIN MANAGEMENT CO., INC. Principat Place of Business Mailing Address 307 62ND AVE N 307 62ND AVE N ST. PETERSBURG, FL 33702 ST. PETERSBURG, FL 33702 07022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2772802 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTIN, RICHARD E DO NOT WRITE 307 62ND AVE. NORTH ST. PETERSBURG, FL 33702 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. SIGNATURE. Signature, typod or printed name of registered agent and title if applicable (FIOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS **PSTD** TITLE NAME MARTIN, RICHARD 307 62ND AVE. NORTH STREET ALIDRESS U00000766881 CHY-SI-ZIP ST. PETERSBURG, FL 33702 07/05/07-80001-022 150.do ung NAME STREET ADDRESS CHY-ST-ZIP HILL NAME STREET ADDRESS DO NOT WRITE CHY-S1-7/P IN THIS SPACE IMME STREET ADDRESS CITY ST ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

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HILL NAMA STREET ADDRESS CHY-SI-ZIP TITLE NAME

STREET ADDRESS CHY ST ZIP

> Pro SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO