


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

|   |   |   |  |
|---|---|---|--|
| <b>DOCUMENT # H02004</b>  |   |    |  |
| 1. Entity Name<br><b>THOMAS MARTIN CORP.</b>  |   | Principal Place of Business<br>C/O THOMAS COFFEY<br>P. O. BOX 50033<br>POMPANO BEACH FL 33074   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |
| City & State  |   | City & State  |  |
| Zip   | Country   | Zip   | Country  |
| 6. Name and Address of Current Registered Agent<br><b>SHAMEL, C. RICHARD, JR.<br/>212 NORTH FEDERAL HIGHWAY<br/>DEERFIELD BEACH FL 33441</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   | DATE _____<br><small>(NOTE: Registered Agent signature required when re-registering)</small>  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>COFFEY, THOMAS<br>4221 NE 23 AVENUE<br>LIGHTHOUSE POINT FL<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>000000052641<br>02/16/04-80100-011 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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MOORE CR2E034 (11/03)

4. FEI Number **59-2411602** Applied For Not Applicable

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

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:**  **Thomas F. Coffey** 2/13/04 954-971-7992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #