


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # H02004 1. Entity Name THOMAS MARTIN CORP.	
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Principal Place of Business C/O THOMAS COFFEY P. O. BOX 50033 POMPANO BEACH, FL 33074	Mailing Address C/O THOMAS COFFEY P. O. BOX 50033 POMPANO BEACH, FL 33074
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01222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2411602	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAMEL, C. RICHARD, JR.
212 NORTH FEDERAL HIGHWAY
DEERFIELD BEACH, FL 33441

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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 resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COFFEY, THOMAS 4221 NE 23 AVENUE LIGHTHOUSE POINT, FL
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01/26/06-80042-025 150.00

12. I hereby certify that the information supplied with this filing 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: Thomas F. Coffey **THOMAS F. COFFEY** 1/24/06 ⁽⁹⁵⁴⁾ 849-2456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #