


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90048 043 \*\*\*150.00

<b>DOCUMENT # H84712</b>	
<b>1. Entity Name</b> CARL MARTIN AGENCY, INC.	

<b>Principal Place of Business</b> 8750 PERIMETER PARK BL JACKSONVILLE FL 32216-6347 US	<b>Mailing Address</b> 8750 PERIMETER PARK BL JACKSONVILLE FL 32216-6347 US
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<b>2. Principal Place of Business</b> 4496 Southside Blvd.	<b>3. Mailing Address</b> 246 McDaris Loop
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Jacksonville, FL	<b>City &amp; State</b> Mars Hill, NC
<b>Zip</b> 32216	<b>Zip</b> 28754
<b>Country</b> US	<b>Country</b> US



MOORE CR2E034 (11/03)

<b>6. Name and Address of Current Registered Agent</b> SIMONIC, NICHOLAS T 8750 PERIMETER PARK BLVD JACKSONVILLE FL 32216-6347	<b>7. Name and Address of New Registered Agent</b> Name: John R. Leone Street Address (P.O. Box Number is Not Acceptable): 4496 Southside Blvd. City: Jacksonville FL Zip Code: 32216
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, CAROL R. 246 MCDARIS LOOP MARS HILL NC 28754 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** CAROL R. Martin Carol R. Martin 4/6/04 828 689-5514  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #