


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # J13380 1. Entity Name MCEWAN, MARTINEZ & DUKES, P.A.	
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Principal Place of Business 108 EAST CENTRAL BLVD. ORLANDO, FL 32801	Mailing Address 108 EAST CENTRAL BLVD. ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2668632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCEWAN, JOHN S II 108 EAST CENTRAL BLVD. ORLANDO, FL 32801	DO NOT WRITE IN THIS SPACE
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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.

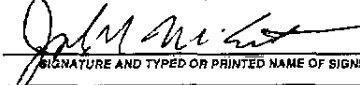
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000262740 03/14/05-80068-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUKES, THOMAS E 210 E. COPELAND DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCEWAN, JOHN S II 1321 WILKINSON ST ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARTINEZ, RAFAEL E 1115 WOODLAND ST ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #