

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J53646

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: MARTINS USED CARS, INC.

**Current Principal Place of Business:**

9001 SOUTHWEST STATE ROAD 200  
OCALA, FL 34481

**New Principal Place of Business:**

**Current Mailing Address:**

9001 SOUTHWEST STATE ROAD 200  
OCALA, FL 34481

**New Mailing Address:**

FEI Number: 59-2776563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTINS, WILSON  
10879 SW 58TH AVENUE ROAD  
OCALA, FL 34481 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARTINS, WILSON  
Address: 10879 SW 58TH AVE RD  
City-St-Zip: Ocala, FL 34476

Title: V ( ) Delete  
Name: MARTINS, WILSON  
Address: 5913 SW 111 PLACE ROAD  
City-St-Zip: Ocala, FL 34476

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILSON MARTINS

PD

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date