2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M95572

Mamas ID MADTINEZ INIVESTM

8401 BOXWOOD CT

TAMPA, FL 33615

Address: City-St-Zip: FILED Jan 13, 2004 Secretary of State

Entity Name: J.D. MARTINEZ INVESTMENT, INC. **Current Principal Place of Business: New Principal Place of Business:** 2700 N. MACDILL AVE. 4014 GUNN HIGHWAY SUITE 170 SUITE 211 TAMPA, FL 33607 TAMPA, FL 33618 **Current Mailing Address: New Mailing Address:** 2700 N. MACDILL AVE. 4014 GUNN HIGHWAY SUITE 211 SUITE 170 TAMPA, FL 33607 TAMPA, FL 33618 FEI Number: 59-2902853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MARTINEZ, J.D. MARTINEZ, J.D. 7507 WEST HENRY 4419 CARROLLWOOD VILLAGE DR TAMPA, FL 33615 TAMPA, FL 33618 US 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: 01/13/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MARTINEZ, J.D. Name: Name: 4419 CARROLLWOOD VILLAGE DR Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: Title: () Delete () Change () Addition Name: GONZALEZ, MARC E Name: 4419 CARROLLWOOD VILLAGE DR Address: Address: TAMPA, FL 33624 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ENDICOTT, KENNETH G Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: J.D. MARTINEZ PRES 01/13/2004