

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # M95572

1. Entity Name
J.D. MARTINEZ INVESTMENT, INC.



Principal Place of Business
4014 GUNN HIGHWAY
SUITE 170
TAMPA, FL 33618 US

Mailing Address
4014 GUNN HIGHWAY
SUITE 170
TAMPA, FL 33618 US



07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2902853

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, J.D.
4419 CARROLLWOOD VILLAGE DR
TAMPA, FL 33618

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000767041
07/05/07-80007-019 550.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARTINEZ, J.D.
STREET ADDRESS 4419 CARROLLWOOD VILLAGE DR
CITY-ST-ZIP TAMPA, FL 33624

TITLE S
NAME GONZALEZ, MARC E
STREET ADDRESS 4419 CARROLLWOOD VILLAGE DR
CITY-ST-ZIP TAMPA, FL 33624

TITLE V
NAME ENDICOTT, KENNETH G
STREET ADDRESS 8401 BOXWOOD CT
CITY-ST-ZIP TAMPA, FL 33615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.D. Martinez

07/02/07

Date

813-877-3298

Daytime Phone •