

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010375

1. Entity Name
MARTINEZ BAND BOOSTERS, INC.



Principal Place of Business
**17313 CARRIAGE WAY
ODESSA, FL 33556**

Mailing Address
**17313 CARRIAGE WAY
ODESSA, FL 33556**



03112005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0852482

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EVANS, KARA
17313 CARRIAGE WAY
ODESSA, FL 33556**

**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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	FERNANDEZ, JORGE
STREET ADDRESS	18545 KINGBIRD DR
CITY - ST - ZIP	LUTZ, FL 33558
TITLE	S
NAME	DAVID, KIRK & EARLEEN
STREET ADDRESS	4331 CHEVAL BLVD
CITY - ST - ZIP	LUTZ, FL 33558
TITLE	D
NAME	ANSELMO, YAMI
STREET ADDRESS	4109 HARBOR LAKE DR
CITY - ST - ZIP	LUTZ, FL 33558
TITLE	D
NAME	LOWRY-HENRY, SHIRLEY
STREET ADDRESS	16903 MELISSA ANN DR
CITY - ST - ZIP	LUTZ, FL 33558
TITLE	D
NAME	ANDRICHUK, GUY
STREET ADDRESS	16919 MELISSA ANN DR
CITY - ST - ZIP	LUTZ, FL 33558
TITLE	D
NAME	DILLON, BETSY
STREET ADDRESS	15120 HEATHRIDGE DR
CITY - ST - ZIP	TAMPA, FL 33625

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04/06/05-80019-014 61.25

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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)(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 617, 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 #

4/3/05 813-247-0977