


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000001359
 1. Entity Name
 MARTINEZ HARVESTING, INC.



Principal Place of Business
 2625 NORTH BROOK ROAD
 FT MEADE, FL 33841

Mailing Address
 PO BOX 644
 BARTOW, FL 33831

DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3619307 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, RUTH
 2625 NORTH BROOK ROAD
 FT MEADE, FL 33841

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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: *Ruth Martinez* Ruth Martinez, President DATE: 01/28/05

Signature, typed or printed name of the registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTINEZ, RUTH
STREET ADDRESS	2625 N BROOKE RD
CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	S
NAME	MARTINEZ, ALICIA V
STREET ADDRESS	2625 NORTH BROOK ROAD
CITY-ST-ZIP	FT MEADE, FL 33841
TITLE	VP
NAME	MARTINEZ, SANTANA JR
STREET ADDRESS	2625 NORTH BROOK ROAD
CITY-ST-ZIP	FT MEADE, FL 33841
TITLE	T
NAME	MARTINEZ, RUTH
STREET ADDRESS	2625 N BROOKE RD
CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/31/05-80058-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Ruth Martinez* Ruth Martinez 01/28/05 863/285-7559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #