


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 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



04062008 No Chg-P CR2E034 (11/05)

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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 04/22/06-80079-022 150.00

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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: Ruth Martinez Ruth Martinez Date: 4/6/06 Daytime Phone #: 863/533-0767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR