

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P00000028221**

1. Entity Name

MARTINEZ ENTERPRISES OF N.E. FLORIDA, INC.



Principal Place of Business

3307 REMLER DRIVE  
JACKSONVILLE, FL 32223

Mailing Address

3307 REMLER DRIVE  
JACKSONVILLE, FL 32223



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3633836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

HEAD, KOKO  
9309 OLD KINGS ROAD SOUTH  
SUITE 4  
JACKSONVILLE, FL 32257

**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 \$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

1100000510335^M

04/29/06-80002-017 150.00^M

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MARTINEZ, STEVEN M  
STREET ADDRESS 3307 REMLER DR  
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE VPD  
NAME MARTINEZ, KIM B  
STREET ADDRESS 3307 REMLER DR  
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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

Steven M. Martinez 4.10.06

Date

Daytime Phone #

904-588-8697