



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
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
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DO NOT WRITE IN THIS SPACE



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3633836	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000707693 04/24/07-80085-009 150.00
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10. OFFICERS AND DIRECTORS

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

**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: *Steven M. Martinez* **President** **4.13.07 904.588.8697**

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