


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000007646	
1. Entity Name MARTH & CO., INC.	

Principal Place of Business 2360 LAKEVILLE DR N. FORT MYERS, FL 33917	Mailing Address 2360 LAKEVILLE DR N. FORT MYERS, FL 33917
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DO NOT WRITE IN THIS SPACE



06032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1138010	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

**MARTH, ANDY
2360 LAKEVILLE DR
N. FORT MYERS, FL 33917**

7. Signature of Registered Agent

[Signature]

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 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTH, ANDY 2360 LAKEVILLE DR N. FORT MYERS, FL 33917
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. Signature of Officer or Director

[Signature]

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06/09/05-80003-016 158.75

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 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]* **Andy Marth** **6-3-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #