2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000028435

1. Entity Name

MARTINEZ LAWN MAINTENANCE, INC.



FILED Mar 15, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

11280 LAAKSO LANE NAPLES, FL 34114 11280 LAAKSO LANE NAPLES, FL 34114



DO NOT WRITE IN THIS SPACE

03092007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3707894 Not Applied be \$8.75 Additional

5. Certificate of Status Desired Fee Required

Name and Address of Current Registered Agent
 MARTIN

MARTINEZ, MARTIN 11280 LAAKSO LANE NAPLES, FL 34114

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the plicons of registered agent.	ourpose of changing its registered	office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
0.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered A	ont signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, MARTIN 11280 LAAKSO LANE NAPLES, FL 34114				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000666861 03/26/07-80005-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in 1	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•				
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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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-12-07

Daytime Phone #