2008 FOR PROFIT CORPORATION

changed, or on an attachment with an add

SIGNATURE

FILED ANNUAL REPORT Apr 14, 2008 08:00 A Secretary of State **DOCUMENT # P01000028435** 1. Entity Name MARTINEZ LAWN MAINTENANCE, INC. Principal Place of Business Mailing Address 11280 LAAKSO LANE 11280 LAAKSO LANE NAPLES, FL 34114 NAPLES, FL 34114 04052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3707894 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTINEZ, MARTIN DO NOT WRITE 11280 LAAKSO LANE NAPLES, FL 34114 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 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150,00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. U00000894081 TITLE n 04/24/08-80013-022 150.00 MARTINEZ, MARTIN NAME 11280 LAAKSO LANE STREET ADDRESS NAPLES, FL 34114 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP JITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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, Rorida Statutes, and that my name appears in Block 10 or Block 11 if

RECTOR

Covtime Phone #