

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P01000038384

1. Entity Name  
MARTIN CORTEZ & ASSOCIATES, INC.



Principal Place of Business  
401 W. MAIN STREET  
BOWLING GREEN, FL 33834

Mailing Address  
217 W PALMETTO ST  
WAUCHULA, FL 33873

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1096369

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

MASTERTON, RITA  
217 W PALMETTO ST  
WAUCHULA, FL 33873

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTEZ, MARTIN 1801 HAMPTON RD WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORTEZ, TOMASITA 401 W. MAIN STREET BOWLING GREEN, FL 33834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CORTEZ, ISRAEL 403 W. MAIN STREET BOWLING GREEN, FL 33834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000132313  
04/27/04-80041-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/04 863  
781-2747