


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90021 002 ***150.00

DOCUMENT # P01000059684					
1. Entity Name MARTEL TECHNOLOGY, INC.					
Principal Place of Business 730 W. BURLEIGH BLVD. TAVARES, FL 32778			Mailing Address 730 W. BURLEIGH BLVD. TAVARES, FL 32778		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3727129	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEAR, MARTHA L 730 W. BURLEIGH BLVD. TAVARES, FL 32778			Name Street Address (P.O. Box Number is Not Acceptable) 207 W. Alfred St. City TAVARES FL Zip Code 32778		
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, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAR, MARTHA L 730 W. BURLEIGH BLVD. TAVARES, FL 32778 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	207 W. Alfred St. TAVARES, FL 32778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAR, TEDDY E 730 W. BURLEIGH BLVD. TAVARES, FL 32778 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	207 W. Alfred St. TAVARES, FL 32778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, KEVIN D 730 W. BURLEIGH BLVD TAVARES, FL 32778 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	207 W. Alfred St. TAVARES, FL 32778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Teddy E. Lear</i> TEDDY E. LEAR VP 1-24-05 352-742-9950					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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