FILED 2004 FOR PROFIT CORPORATION Apr 26, 2004 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P01000074887 1. Entity Name J.R. MARTIN, INC. Principal Place of Business Mailing Address 3410 LINDSEY ST POST OFFICE BOX 90 DOVER, FL 33527 **DOVER, FL 33527** 04222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3741375 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MARTIN, JOSEPH R DO NOT WRITE 3410 LINDSEY ST **DOVER, FL 33527** 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 NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MARTIN, JOSEPH R NAME U00000132160 04/27/04-80035-016 150.00 STREET ADDRESS 3410 LINDSEY ST CITY-ST-ZIP DOVER, FL 33527 TITI F MARTIN, JOSEPH R NAME 3410 LINDSEY ST STREET ADDRESS CITY-ST-ZIP **DOVER, FL 33527** NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 otherwise empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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