


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P0100090209 1. Entity Name M. A. MARTINEZ DRYWALL INC. |  |
|---|---|

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|--|--|
| Principal Place of Business 422 TARPON AVENUE SARASOTA, FL 34237 | Mailing Address 422 TARPON AVENUE SARASOTA, FL 34237 |
|--|--|

DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 67-5099871 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**MARTINEZ, MIGUEL A
422 TARPON AVENUE
SARASOTA, FL 34237**

**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 MARTINEZ, MIGUEL A 422 TARPON AVENUE SARASOTA, FL 34237 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARTINEZ, ISMAEL A 2074 8TH STREET SARASOTA, FL 34237 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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03/08/04-80027-007 150.00

**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 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: Miguel Alvarado Martinez **3-1-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #