2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 02, 2004 8:00 am
Secretary of State
02-02-2004 90015 022 ***150.00

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1. Entity Name
PAUL MARTIN CONSTRUCTION, INC.

Z4UU5462

Principal Place of Business	Mailing Address
1204 DRILL AVENUE NE PALM BAY, FL 32907	1204 DRILL AVENUE NE PALM BAY, FL 32907

01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3759552
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, PAUL K IV
1204 DRILL AVENUE NE
PALM BAY, FL 32907

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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	PSTD
NAME	MARTIN, PAUL K IV
STREET ADDRESS	1204 DRILL AVENUE NE.
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	D
NAME	STEPHENIE, MARTIN
STREET ADDRESS	1204 DRILL AVENUE NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	1VP
NAME	TAYLOR, TIM
STREET ADDRESS	1101 PALO-ALTO DRIVE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	2VP
NAME	LONG, STEVEN D JR.
STREET ADDRESS	1471 DOZIER CIRCLE SE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ Paul K Martin, Pres. 1/20/04 (321) 953-4927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #