

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 18, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000030234

**1. Entity Name
MARTGIN, INC.**



**Principal Place of Business
100 E. ADAMS ST.
JACKSONVILLE, FL 32202**

**Mailing Address
100 E. ADAMS ST.
JACKSONVILLE, FL 32202**

DO NOT WRITE IN THIS SPACE



02012004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3624156

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**READION, VIRGINIA J
100 E. ADAMS ST.
JACKSONVILLE, FL 32202**

**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**

U00000055649
02/18/04-80012-006 158.75

10. OFFICERS AND DIRECTORS

**TITLE D
NAME READION, VIRGINIA J
STREET ADDRESS 7615 LAURA ST., N.
CITY-ST-ZIP JACKSONVILLE, FL 32208**

**TITLE D
NAME READION, MARTIN J
STREET ADDRESS 7615 LAURA ST., N.
CITY-ST-ZIP JACKSONVILLE, FL 32208**

**TITLE D
NAME CARROLL, STEPHEN L
STREET ADDRESS 1429 FLAGLER AVE
CITY-ST-ZIP JACKSONVILLE, FL 32207**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN CARROLL

2-1-04

DATE

904-359-0001

DAYTIME PHONE #