

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90006 013 \*\*\*558.75

DOCUMENT # P02000041507

1. Entity Name  
BECKY MARTEL VENTURES, INC.



Principal Place of Business

~~803 TROPICAL CIRCLE~~  
~~SARASOTA, FL 34242~~

Mailing Address

~~803 TROPICAL CIRCLE~~  
~~SARASOTA, FL 34242~~

50061174



2. Principal Place of Business

601 PUTTER Lane  
Suite, Apt. #, etc.

3. Mailing Address

601 PUTTER Lane  
Suite, Apt. #, etc.

08032005

Chg-P

CR2E034 (10/03)

City & State

Longboat Key Fl. Longboat Key, Fl

4. FEI Number

51-0448923

Applied For

Not Applicable

Zip

34228

Country

SARASOTA

Zip

34228

Country

SARASOTA

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTEL, REBECCA C

5440 AVENIDA DEL MARE  
SARASOTA, FL 34242

601 PUTTER Lane  
Longboat Key, Fl.  
34228

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Rebecca C. Martel

REBECCA MARTEL

8-12-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME MARTEL, REBECCA C  
STREET ADDRESS 601 PUTTER Lane  
CITY-ST-ZIP SARASOTA, FL 34242 Longboat Key Fl 34228

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Rebecca C. Martel

8-12-05

941-7805655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #