


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000062526 1. Entity Name L & M MARTINEZ TRUCKING, INC.	
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Principal Place of Business 260 13ST SW NAPLES, FL 34117	Mailing Address 260 13ST SW NAPLES, FL 34117
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 73-1647355	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

MARTINEZ, LAZARO
260 13ST SW
NAPLES, FL 34117

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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 Madalid Rincon Madalid Rincon 04-18-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MARTINEZ, LAZARO 5415 CAROLINA AVE NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RINCON, MADALID C 5415 CAROLINA AVE NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/23/05-80026-007 150.00

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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: Madalid Rincon VS 04-18-05 239-4179723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #