


2004 FOR PROFIT CORPORATION ANNUAL REPORT

6/1

FILED
Jul 12, 2004 8:00 am
Secretary of State

06-18-2004 90004 008 ***150.00

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # P03000006507 1. Entity Name MARTINEZ TRUCKING EXPRESS, INC. | | | |  | |
| Principal Place of Business 1140 TURTLE CREEK BLVD, APT 915 NAPLES, FL 34110 | | | Mailing Address 1140 TURTLE CREEK BLVD, APT 915 NAPLES, FL 34110 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 33-1041633 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent MARTINEZ, ENEDELIA 1140 TURTLE CREEK BLVD, APT 915 NAPLES, FL 34110 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARTINEZ, ENEDELIA 1140 TURTLE CREEK BLVD, APT 915 NAPLES, FL 34110 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date _____ Daytime Phone # _____ | | | | | |

66429797



06152004 Chg-P CR2E034 (10/03)



**A BETTER
BUSINESS & TAX SERVICE, INC.**

600 Goodlette Rd., N., Ste. 104 • Naples, Florida 34102

Attachment

66429797

- PHONE: (239) 263-0829
- FAX: (239) 263-6780
- TOLL FREE: 1-800-786-0829

June 16, 2004

Divisions of Corporation
Uniform Business Report
P.O. Box 6198
Tallahassee, FL 32314

Re: Martinez Trucking Express, Inc.
Document #P03000006507
2004 Uniform Business Report

Gentlemen:

Please be advised this is a new client.

Upon checking to see if all reports are up to date, I noticed the annual report was not filed. The client has not received this report.

Upon calling "The State Corporation Department", I was informed and advised to print the form and file it with the \$150.00.

Therefore, enclosed is check number 3767, in the amount of \$150.00, and ask that you waive the penalties for 2004.

Sincerely,

Helen Watson

Helen Watson, President

HW/rf

Enclosures