


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90304 049 ***150.00

DOCUMENT # P03000042495	
1. Entity Name JOHN L. MARTINEZ, JR., P.A.	

Principal Place of Business 6700 S. FLORIDA AVENUE SUITE 34 LAKELAND FL 33813	Mailing Address P.O. BOX 5625 LAKELAND FL 33807
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2. Principal Place of Business 4215 Old Road 37	3. Mailing Address P.O. Box 5625
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lakeland, FL	City & State Lakeland, FL
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Zip 33813	Country USA	Zip 33807	Country USA
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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MARTINEZ, JOHNNIE L JR 6700 S. FLORIDA AVENUE SUITE 34 LAKELAND FL 33813	Name Martinez, Johnnie L. Jr.
	Street Address (P.O. Box Number Not Acceptable) 4215 Old Road 37
	City Lakeland
	Zip Code FL 33813

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  **John L. Martinez, Jr. Director** DATE **3-7-05**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTINEZ, JOHNNIE L JR.		NAME Martinez Johnnie L. Jr.	
STREET ADDRESS 6700 S. FLORIDA AVENUE SUITE 34		STREET ADDRESS 4215 Old Road 37	
CITY-ST-ZIP LAKELAND FL 33813		CITY-ST-ZIP Lakeland, FL 33813	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **John L. Martinez, Jr. Director** DATE **3-7-05** 863-607-6253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR