2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNUAL REPORT (AR)				\ \ FILED	
DOCUMENT # P03000066667				Mar 04, 2005 08:00 A Secretary of State	N
1. Entity Name				Secretary of State	
MARTELL	. FINANCIAL SERVICES INC	j.		1 1 5	
Drive in all Disc	a of Business	Mailing Address		- J. W. 1.10'	
Principal Place of Business 7114 HAWKS HARBOR CIRCLE		7114 HAWKS HARBOR CIRCLE		3/2	
BRADENTO		BRADENTON FL 3420			
				!	
2. Principal Place of Business —		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)	
City & Stat	9	City & State	<u> </u>	4. FEI Number 48-0804013 Applied For Not Applicate	ole
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	_
1 4 A F	OTTELL TOUND	· · · · · · · · ·	Name		
711	RTELL, JOHN B 4 HAWKS HARBOR CIRCLE DENTON FL 34207	<u> </u>	Street Add	idress (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
9 The above	named online submits this statement for	or the numose of changing its	s registered office or to	registered agent, or both, in the State of Florida. I am familiar with, and accep	
the obligat	ions of registered agent.	or the purpose of ortaligning to	o rogistoro di vi		
SIGNATURE .	Signature, typed or printed name of registered agent		E Registered Agent signature	re-tequired when reinstating) DATE	
F	ILE NOW!!! FEE IS \$150.00	Transport Control of the Control of	<del></del>	9. Election Campaign Financing \$5.00 May E	3e
	May 1, 2005 Fee Will Be \$550.00 Payable to Florida Department o			Trust Fund Contribution.   Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TOTALE	PRES	- Defete	THEE	. Change Additi	on
NAME	MARTELL, JOHN B		NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	7114 HAWKS HARBOR CIRCLE BRADENTON FL 34207		CITY-ST-ZIP		
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CITY-ST-ZIP		when the same of the same of	CITY - ST - ZIP	of in Castin 147 6779V) Elapida Chiputas I huthar nortific that the information	_
12. I hereby indicated	cerury that the information supplied with lon this report or supplemental report i	n this filing does not qualify for s true and accurate and that	or the exemption state my signature shall har	ed in Section 119 07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath, that I am an officer or director pter 607, Florida Statutes; and that my name appears in Block 10 or Block 11	r
of the cor changed	poration or the receiver or trustee emp , or on an attachment with an address,	with all other like empoyered	t as required by Chap J.	prei our, Florida Statidies, and that my hame appears in block 10 of block 11	11