



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90010 046 ***150.00

DOCUMENT # P03000103810					
1. Entity Name LAW OFFICE OF MARGARET E. MARTINEK, P.A.					
Principal Place of Business 4265 TAMIAAMI TRL STE 105 PT CHARLOTTE, FL 33980			Mailing Address 4265 TAMIAAMI TRL STE 105 PT CHARLOTTE, FL 33980		
2. Principal Place of Business 4055 TAMIAAMI TR Suite, Apt. #, etc. STE 35 City & State PT CHARLOTTE FL Zip 33952 Country CHARLOTTE		3. Mailing Address 4055 TAMIAAMI TRL Suite, Apt. #, etc. STE 35 City & State PT CHARLOTTE FL Zip 33952 Country CHARLOTTE			
6. Name and Address of Current Registered Agent MARTINEK, MARGARET E ESQ 4265 TAMIAAMI TRL STE 105 PT CHARLOTTE, FL 33980				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 4055 TAMIAAMI TRL STE 35 City PT CHARLOTTE FL Zip Code 33952	
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: <u>Margaret Martinek</u> DATE: <u>5/11/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- <input type="checkbox"/> Delete MARTINEK, MARGARET E ESQ 4265 TAMIAAMI TRL STE 105 PT CHARLOTTE, FL 33980		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4055 TAMIAAMI TRAIL STE 35 PT CHARLOTTE FL 33952	
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	
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	
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	
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	
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	
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: <u>Margaret Martinek</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>5/11/04</u> Daytime Phone #: <u>941 764 9400</u>		

54054055

05112004 Chg-P CR2E034 (10/03)

4. FEI Number
16-1679743 Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

Attachment
Doc. # 03000103810
54054055-
Margaret E. Martinek
Attorney at Law
Omni Professional Center
4055 Tamiami Trail • Port Charlotte, FL 33952
(941) 764-9400

May 11, 2004

Division of Corporations
POB 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed find my Annual Report and a check for \$150.00 and please note that my address has changed and I did not receive the report form since my mail was not forwarded.

If you have any questions, please call us.

Very truly yours,

LAW OFFICE OF MARGARET E. MARTINEK, P.A.

By *Margaret Martinek*
Margaret E. Martinek
Attorney at Law