2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

DOCUMENT # P03000122125 1. Entity Name RANDI R. MARTIN, INC.				04-13-2005 90069 019 ***158.75				
Principal Plac	e of Business	Mailing Address	L	7				
3697 SHORE BOULEVARD OLDSMAR, FL 34677		3697 SHORE BOULEVARD OLDSMAR, FL 34677						
		1 0 14 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
2. Principal Place of Business		3. Malling Address		1 2001 18		H HATA NAMA MERIJAMAN AL		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222005	Chg-P	CR2E034 (10/03)	•	
City & State		City & State		4. FEI Numbe 20-0343			plied For at Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75, Add Fee Require	litional d	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	egistered Agent		
MARTIN DANIELD			Name	Name				
MARTIN, RANDI R 3697 SHORE BOULEVARD OLDSMAR EL 34677			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
OLDSMAR, FL 34677							!	
			City	City FL Zip Code				
	named entity submits this statement for	or the purpose of changing its re	egistered office or regis	tered agent, or bot	h, in the State of Flo		and accept	
the obligat	tions of registered agent.				•			
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature requi	red when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				5.00 May Be ded to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFFI	ICERS AND DIRECTOR		
TITLE	P	_					S IN 11	
NAME STREET ADDRESS	MARTIN, RANDI R		TITLE SECROTURY		. •	☐ Change	S IN 11 Addition	
CITY-ST-ZIP	· ·	☐ Delete	NAME	Brendon	L. marti	☐ Change		
	3697 SHORE BOULEVARD	∟ Delete	NAME	Brendon	L. MACH	☐ Change		
TITLE	· ·	☐ Delete	NAME	Brendon	L. MATTO PROVAL	Change	Addition	
TITLE	3697 SHORE BOULEVARD		NAME STREET ADDRESS CITY-ST-ZIP	Brendon	L. MArti reblyd. Fl. 346	☐ Change		
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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 trustage 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 advises, with all other like empowered.

SIGNATURE: POULLE LANDI R. MALTIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05 72 6385154