2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

4/9/04

DÖCUMENT # P03000126987 1. Enlity Name RANDY E. MARTIN CONSTRUCTION, INC.								i i	04-12-200-	4 90313	038 ***1	50.00	
Principal Place of Business				Mailing Address									
215 LANDINGS DR. LYNN HAVEN, FL 32444				215 LANDINGS DR. Lynn Haven, Fl. 32444								: '	
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2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03222004	Chg-P	CR2E0	34 (10/03)		
City & State			City	_	_	4. FEI Numbe	083780	-		plied For t Applicable.			
Zip	Country		Zip Cour		try	5. Certificate of Status Desired \$8.75 Addition Fee Required			itional				
6. Name and Address of Current F				ed Agent	l		7. Name and Address of New Registered Agent						
MARTIN CANDVE						Name							
MARTIN, RANDY E 114 LANDINGS DR.							Street Address (P.O. Box Number is Not Acceptable)						
LYNN HAVEN, FL 32444													
										FL	Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State											familiar with.	and accept	
the obligations of registered agent.													
SIGNATURE					3 150		i	•					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
10.		OFFICERS AND	DIRECTORS 11.				- A P		CHANGES TO OFFI	CERS AND			
TITLE NAME				☐ Delete	TITU		PI		11		☐ Change	Addition	
STREET ADDRESS	1					ET ADDRESS	215	LANDIN	MARTIN 95 DR		•		
CITY - ST - ZIP					-	-ST-ZIP	441	IN HAVE	N, F-1 32	444			
TITLE NAME	1			Delete	TITL NAM		્ર Do	erick F	ōΧ		☐ Change	Addition	
STREET ADDRESS			STRE	ET ADDRESS	4237 BAYWOOD DR								
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TITLE NAME				☐ Delete	(ITL) NAM						☐ Change	Addition	
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NAME CTOCKT ADDRESS		- -	•		MAM	ET ADDRESS			The state of the state of			****	
STREET ADDRESS CITY ST-ZIP	SPECIAL SERVICES			Langer Control		-ST-ZIP	100	te e co				.,	
indicated of the cor	12. I hereby certify that the information supplied with this filling 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.												