

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

02-15-2006 90030 036 ***150.00

66005423

DOCUMENT # P03000126987					
1. Entity Name RANDY E. MARTIN CONSTRUCTION, INC.					
Principal Place of Business 215 LANDINGS DR. LYNN HAVEN, FL 32444			Mailing Address 215 LANDINGS DR. LYNN HAVEN, FL 32444		
2. Principal Place of Business			3. Mailing Address		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	02072006 Chg-P CR2E034 (11/05)	
4. FEI Number 80-0083780				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARTIN, RANDY E 114 LANDINGS DR. LYNN HAVEN, FL 32444			Name Street Address (P.O. Box Number is Not Acceptable) 215 LANDINGS DR. LYNN HAVEN FL 32444 City 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 of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Randy E. Martin</u> (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, RANDY 215 LANDINGS DR LYNN HAVEN, FL 32444 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOX, DERRICK 4737 BAYWOOD DR LYNN HAVEN, FL 32444 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Randy E. Martin</u>		Randy E. Martin, President		02/14/06 850-248-1114	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

**2006 FOR PROF
ANNUAL**

DOCUMENT # P03000126987

1. Entity Name
RANDY E. MARTIN CONSTRUCTION, INC.

Principal Place of Business
215 LANDINGS DR.
LYNN HAVEN, FL 32444

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Name and Address of Current Registered Agent

MARTIN, RANDY E
114 LANDINGS DR.
LYNN HAVEN, FL 32444

4. The above named entity submits this statement for the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	MARTIN, RANDY
STREET ADDRESS	215 LANDINGS DR
CITY-STATE-ZIP	LYNN HAVEN, FL 32444
TITLE	SD
NAME	FOX, DERRICK
STREET ADDRESS	4737 BAYWOOD DR
CITY-STATE-ZIP	LYNN HAVEN, FL 32444
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

2. I hereby certify that the information supplied with 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if it is an officer or director.

SIGNATURE:

Randy E. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

**T CORPORATION
REPORT**

987

N, INC.



Mailing Address
215 LANDINGS DR.
LYNN HAVEN, FL 32444

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

02072006 Chg-P CR2E034 (11/05)

4. FEI Number
80-0083780

Applied For
Not Applicable

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

Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

215 Landings Dr

LYNN HAVEN FL 32444

City

FL

Zip Code

For the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept

and use of stockholder.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

DIRECTORS

☐ Delete
☐ Delete
☐ Delete
☐ Delete
☐ Delete
☐ Delete
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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Randy E. Martin Randy E. Martin, President

02/14/06

850-248-1114

TYPED NAME OF BOARD OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
66005423