

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90269 014 ***150.00

DOCUMENT # P03000135108			
1. Entity Name MARTIN HOME BUILDERS, INC.			
Principal Place of Business RT 9 BOX 1051 LAKE CITY, FL 32024		Mailing Address RT 9 BOX 1051 LAKE CITY, FL 32024	
2. Principal Place of Business 359 Hamlet Circle Suite, Apt. #, etc. Lake City, FL City & State		3. Mailing Address P.O. BOX 1831 Suite, Apt. #, etc. Lake City, FL City & State	
Zip 32024	Country	Zip 32056	Country
4. FEI Number 51-0490380		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARTIN, BENNETT G RT 9 BOX 1051 LAKE CITY, FL 32024		7. Name and Address of New Registered Agent Name: Martin, Bennett G. Street Address (P.O. Box Number is Not Acceptable): 359 Hamlet Circle City: Lake City FL Zip Code: 32024	
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: <i>Bennett & Mark</i> DATE: 4/27/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MARTIN, BENNETT G PO BOX 1831 LAKE CITY, FL 32056TY <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	S MARTIN, GARY J PO BOX 1831 LAKE CITY, FL 32056TY <input checked="" 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
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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 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: <i>Bennett Mark</i>		SIGNATURE: <i>Bennett Martin</i> 4/27/04 386	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

