


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 14, 2004 8:00 am
Secretary of State

04-23-2004 90229 017 ***150.00

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|---|---|---|--|--|--|
| DOCUMENT # P03000147706 1. Entity Name ANTONIO MARTINEZ DRYWALL SERVICES, INC. | | | |  | |
| Principal Place of Business 1501 W LINEBAUGH AVE TAMPA, FL 33612 | | | Mailing Address 1501 W LINEBAUGH AVE TAMPA, FL 33612 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 4. FEI Number 54-2103144 | |
| City & State | | City & State | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FARREN, PETER M 3127 PINE TOP DR VALRICO, FL 33594 | | | | 7. Name and Address of New Registered Agent Name Antonio Martinez Street Address (P.O. Box Number is Not Acceptable) 1501 W. Linebaugh Ave City Tampa FL Zip Code 33612 | |
| 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><i>Antonio Martinez</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 | | 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 | PSTD MARTINEZ, ANTONIO <input type="checkbox"/> Delete 1501 W LINEBAUGH AVE TAMPA, FL 33612 | | 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: <u><i>Antonio Martinez</i></u> Antonio Martinez 4/1/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |