


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

03-31-2004 90012 036 ***150.00

DOCUMENT # P03000150332 1. Entity Name WILLIAM A. MARTZ & CO., INC.					
Principal Place of Business 5060 S. KALIGA DR. ST. CLOUD, FL 34771			Mailing Address 5060 S. KALIGA DR. ST. CLOUD, FL 34771		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0477695	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARTZ, WILLIAM A JR. 5060 S. KALIGA DR. ST. CLOUD, FL 34771				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (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 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 MARTZ, WILLIAM A JR. 5060 S. KALIGA DR. ST. CLOUD, FL 34771 <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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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>William A. Martz Jr.</u> WILLIAM A. MARTZ, JR					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 4/20/04 Daytime Phone # 407-892-7996	

Attachment

LORRAINE H. TORRISI 9-91
(407) 892-2339
4470 JIM BRANCH RD.
KISSIMMEE, FL 34744

63-8138/2631

3/29/04 Date

60413965
#P03000150332

Pay To The
Order Of

Florida Dept. of State

\$ 150.00

one hundred fifty dollars

Dollars

CENTRAL FLORIDA EDUCATORS
FEDERAL CREDIT UNION
PO BOX 2189
ORLANDO, FL 32802 WILLIAM MARTIN INC

For P03000150332

Lorraine Torrisi

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BANK OF AMERICA
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3/29/04

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MAR 31 2004
DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 1009068786