

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000038785	
1. Entity Name LINDA C. MARTIN, P.A.	



FILED

05 SEP 17 AM 9: 08

FLORIDA STATE
JENSEN BEACH, FLORIDA

4-8-05 90060 028 150⁰⁰



09152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business 3253 NE HIGHLAND AVE JENSEN BEACH, FL 34957	3. Mailing Address 3253 NE HIGHLAND AVE JENSEN BEACH, FL 34957
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City & State JENSEN BEACH FL	City & State JENSEN BEACH FL
Zip 34957	Zip 34957
Country MARTIN	Country USA

4. FEI Number 32-0109272	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARTIN, LINDA C 3253 NE HIGHLAND AVENUE JENSEN BEACH, FL 34957

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
Due by October 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTIN, LINDA C 3253 NE HIGHLAND AVENUE JENSEN BEACH, FL 34957 <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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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: Linda C Martin PA 9/10/05 772.225.6786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Linda C Martin P A
3253 NE Highland Ave.
Jensen Beach, Fl. 34957

Re: P04000038785
Fed ID #32-0109272

Sept. 15, 2005

Division of Corporations
State of Florida

After calling today I was told that I had an omission on my form I filed on April 12, 2005. I had paid my \$150 fee for filing in April along with the form. The gentleman I spoke with today explained the need for me to write this and explain myself. He had said you had mailed me back the form to fill out with the doc number on it but I never received it and for that reason I am writing you now to ask for a waive of the late fee.

This is my first year filing and am new to this filing. I had thought all was taken care of in April when I sent the form into you. I will make an effort to do better next year but I would have mailed the form had I received it.

Thank you, please let me know if the fee has been waived and all forms are up to date.

Thank you,



Linda C Martin PA

772 349-1936