


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90126 046 ***150.00

DOCUMENT # P04000042065
 1. Entity Name
E.F.MARTIN, INC.



Principal Place of Business
**106 HANCOCK BRIDGE PKWY STE D15
 CAPE CORAL, FL 33991**

Mailing Address
**106 HANCOCK BRIDGE PKWY STE D15
 CAPE CORAL, FL 33991**

2. Principal Place of Business
106 Hancock Bridge Parkway

3. Mailing Address
106 Hancock Bridge Parkway

Suite, Apt. #, etc.
SUITE D15-538

Suite, Apt. #, etc.
SUITE D15-538

City & State
CAPE CORAL, FL


City & State
CAPE CORAL, FL

Zip
33990-1059

Country

Zip
33990-1059

Country



01112005 Chg-P CR2E034 (10/03)

4. FEI Number
56-2004170

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTIN, ELIZABETH F
 1406 SE 20TH CT
 CAPE CORAL, FL 33990-3800**

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, 2005 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	PS MARTIN, ELIZABETH F 106 HANCOCK BRIDGE D15 CAPE CORAL, FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" 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: *Elizabeth F. Martin* *Elizabeth F. Martin* *Proxied* *February 1, 2005* (239) 574-9994
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #