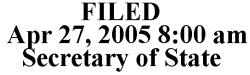
## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT DOCUMENT # P04000101201** 1. Entity Name F & L MARTIN INSTALLATIONS, INC.



04-27-2005 90353 030 \*\*\*150.00

Principal Place of Business  2453 COUNTY ROAD 520 SUMTERVILLE, FL 33585  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Country  Country  Country  S. Certificate of Status Desired  Applied For Not Applicable  Sa.75 Additional Fee Required  6. Name and Address of Current Registered Agent  MARTIN, FRED  2453 COUNTY ROAD 520 SUMTERVILLE, FL 33585  City  Street Address (P.O. Box Number is Not Acceptable)  City  Street Address of Florida. Lam familiar with, and accept the obligations of registered agent.
SUMTERVILLE, FL 33585  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Tip  Country  5. Certificate of Status Desired Fee Required Fee Required Fee Required Fee Required  MARTIN, FRED 2453 COUNTY ROAD 520  SUMTERVILLE, FL 33585  City  Street Address (P.O. Box Number is Not Acceptable)  8. The above named enitity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O4252005 Chg-P CR2E034 (10/03)  City & State  City & State  City & State  Country  Zip  Country  5. Certificate of Status Desired Fee Required  6. Name and Address of Current Registered Agent  Name  MARTIN, FRED 2453 COUNTY ROAD 520  SUMTERVILLE, FL, 33585  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O4252005 Chg-P CR2E034 (10/03)  City & State  City & State  City & State  Country  Zip  Country  5. Certificate of Status Desired Fee Required  6. Name and Address of Current Registered Agent  Name  MARTIN, FRED 2453 COUNTY ROAD 520  SUMTERVILLE, FL, 33585  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept
City & State  Applied For Not Applicable  Status Desired  Status Des
Zip Country Zip Country 5. Certificate of Status Desired Status De
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  MARTIN, FRED  2453 COUNTY ROAD 520  SUMTERVILLE, FL 33585  City  Fee Required  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. Lam familiar with, and accept
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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
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. Lam familiar with, and accept
SIGNATURE
Signature, that of printed name of registered agont and bits if applicable. (NOTE: Registered Agont signature required when reinstating)  DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE         DPS         Delete         TITLE         Change         Addition
NAME MARTIN, FRED NAME STREET ADDRESS 2453 COUNTY ROAD 520 STREET ADDRESS
CITY-ST-ZIP SUMTERVILLE, FL 33585 CITY-ST-ZIP
TITLE ST Delete TITLE Change Addition
NAME MARTIN, LORI NAME
STREET ADDRESS 2453 COUNTY ROAD 520 STREET ADDRESS CITY-ST-ZIP SUMTERVILLE, FL 33585 CITY-ST-ZIP
TITLE Delete TITLE Change Addition
NAME NAME
STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP
TITLE Delete TITLE Change Addition NAME
STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP
TITLE Delete TITLE Change Addition
NAME NAME
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP
TITLE Delete TITLE Change Addition
NAME NAME
STREET ADDRESS STREET ADDRESS GIVE OF JULY 199
CITY-ST-ZIP  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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #