

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90043 032 \*\*\*150.00

<b>DOCUMENT # P04000135070</b> 1. Entity Name <b>MARTIN HOME WORKS, INC.</b>			
Principal Place of Business <b>315 GRANT AVE #305</b> <b>COCOA BEACH, FL 32931</b>		Mailing Address <b>315 GRANT AVE #305</b> <b>COCOA BEACH, FL 32931</b>	
2. Principal Place of Business <b>125 Melbourne Ave</b>		3. Mailing Address <b>125 Melbourne Ave.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Merritt Island, FL</b>		City & State <b>Merritt Island, FL</b>	
Zip <b>32953</b>		Zip <b>32953</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>550882986</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MARTIN, ROBERT J JR</b> <b>315 GRANT AVE #305</b> <b>COCOA BEACH, FL 32931</b>		7. Name and Address of New Registered Agent Name <b>Martin Robert J JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>125 Melbourne Ave.</b> City <b>Merritt Island</b> <b>FL</b> Zip Code <b>32953</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> NAME <b>MARTIN, ROBERT J JR</b> STREET ADDRESS <b>315 GRANT AVE #305</b> CITY-ST-ZIP <b>COCOA BEACH, FL 32931</b>	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>Martin Robert J JR.</b> STREET ADDRESS <b>125 Melbourne Ave.</b> CITY-ST-ZIP <b>Merritt Island, FL 32953</b>	<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
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
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.			
<b>SIGNATURE: Robert J. Martin JR. (D)</b> <b>7/12/05</b> <b>321-961-2031</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

**50055619**



07072005 Chg-P CR2E034 (10/03)