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9/10/2007-90004-035-$150.00-$150.00

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07 OCT 03 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000146924

1. Entity Name
JOE MARTIN, INC.

Principal Place of Business	Mailing Address
2030 MARTIN RD. DOVER, FL 33527	2030 MARTIN RD. DOVER, FL 33527

08032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #: 2030 Martin Rd
Suite, Apt. #, etc.:
City & State: Dover FL
Zip: 33527 Country: Hills

3. Mailing Address: SAB
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 58-2684994 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEMNESS, GERALD L JR.
205 NORTH PARSONS AVE.
BRANDON, FL 33510

7. Name and Address of New Registered Agent

Name: Joseph W Martin
Street Address (P.O. Box Number is Not Acceptable): 2030 martin Road
City: Dover FL Zip Code: 33527

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: X Joseph W. Martin JOSEPH W MARTIN 8-25-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARTIN, JOSEPH W		NAME		
STREET ADDRESS	2030 MARTIN RD.		STREET ADDRESS		
CITY-ST-ZIP	DOVER, FL 33527		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			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			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			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X Joseph W. Martin JOSEPH W MARTIN 8-25-07 813-918-9043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 10/3

9-28-07

ATTN: Tina Carter
Florida Dept of State

Please waive the 400.00 late fee as we never recd the original letter to file for the report. Once received, we did mail it in on time & received a letter from you all that the fee was waived, as well as the newly attached form. (I don't have the original waiver letter as I mailed it back to your office).

So we filled out the form (attached) and then last week received this letter, advising the fee was now due & the form was returned.

Please honor the original notification we received that waives the fee so the report can be filed.

Thank you for your help, in advance.

Joe Martin Inc
Ref # P04000146924

Joe Martin
239 918 9043 cell phone