


2006 FOR PROFIT CORPORATION ANNUAL REPORT

2/2

FILED
Mar 14, 2006 8:00 am
Secretary of State

02-24-2006 90016 024 ***150.00

DOCUMENT # P05000058122			
1. Entity Name BILL MARTIN RENOVATIONS, INC.			
Principal Place of Business 545 37TH STREET WEST PALM BEACH, FL 33407		Mailing Address 545 37TH STREET WEST PALM BEACH, FL 33407	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARTIN, WILLIAM 545 37TH STREET WEST PALM BEACH, FL 33407		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D MARTIN, WILLIAM 545 37TH STREET WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Jeannie Martin 545 37th Street West Palm Beach, FL 33407 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Jeannie Martin 545 37th Street West Palm Beach, FL 33407 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P William Martin 545 37th Street West Palm Beach, FL 33407 <input type="checkbox"/> Change <input checked="" 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 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 # changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>W Martin</u> Director/President 2/11/06 561-863-8207		Date: _____ Daytime Phone # _____	

66005033



02122006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2437208 Applied For Not Applicable

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



ATTACHMENT

66005033

RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

06 MAR 13 PM 1:55

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

February 28, 2006

BILL MARTIN RENOVATIONS, INC.
545 37TH STREET
WEST PALM BEACH, FL 33407

Subject: **BILL MARTIN RENOVATIONS, INC.**

Reference Number: **P05000058122**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

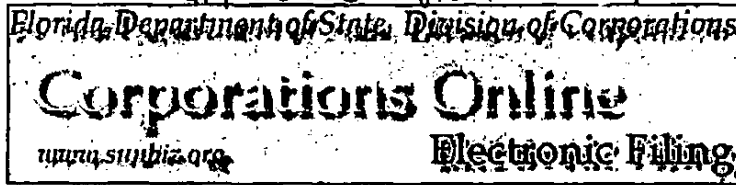
If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ
ANNUAL REPORTS SECTION

Sorry
A hand-drawn smiley face consisting of a circle with two dots for eyes and a curved line for a mouth.

ATTACHMENT

266005033
#P0500005 8122



Sunbiz E-file Account Application

Account Name: Bill Martin Renovations, Inc.

E-mail Address: martinrenovation@bellsouth.net

Mailing Address: 545 37th Street

City: West Palm Beach State: FL Zip: 33407

Phone: (561) 863-8222 Fax: (561) 840-7523

Contact Person: Jeanne Martin

Signature: Jeanne Martin

Password: RIGHTNOW

(minimum length - 4 characters, maximum 12 characters)

*** An account number will be E-mailed to you as soon as the application is processed ***

Mailing Address

Division of Corporations
Public Access Accounts
P.O. Box 6327
Tallahassee, FL 32314

Courier Address

Division of Corporations
Public Access Accounts
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Sunbiz Home Page