2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 08, 2007 8:00 am
Secretary of State
05-17-2007 90038 033 ***150.00

DOCUMENT # P06000079106

1. Entity Name
MARTY T. MARTINEZ, INC.

Principal Place of Business	Mailing Address
14405 SWEAT LOOP ROAD WIMAUMA FL 33598 US	14405 SWEAT LOOP ROAD WIMAUMA FL 33598 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
14405 Sweat Loop Rd	14405 Sweat Loop Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wimauma FL	City & State: Wimauma F
Zip: 33598 Country: Hillsbrough	Zip: 33598 Country: USA

4. FEI Number: 20-5011856 ☐ Applied For ☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

MARTINEZ, MARTIN T
14405 SWEAT LOOP ROAD
WIMAUMA FL 33598

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: Martin T Martinez MARTIN T MARTINEZ 4-24-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	P MARTINEZ, MARTIN T 14405 SWEAT LOOP ROAD WIMAUMA FL 33598	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: MARTIN T MARTINEZ M Martinez 4-24-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #