

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90091 047 \*\*\*150.00

**DOCUMENT # P93000000168**

1. Entity Name

COMMUNITY CREDIT CORPORATION



Principal Place of Business

428 S. CONGRESS AVE.  
WEST PALM BEACH FL 33406  
US

Mailing Address

428 S. CONGRESS AVE.  
WEST PALM BEACH FL 33406  
US

34020004



MOORE CR2E034 (11/03)

2. Principal Place of Business

4433 10th Ave. North

Suite, Apt. #, etc.

3. Mailing Address

4433 10th Ave. North

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

LAKE WORTH FL

Zip

33461

Country

US

Zip

33461

Country

US

4. FEI Number

65-0377829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, ROBERT A  
428 SOUTH CONGRESS AVE  
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name

MARTIN, ROBERT A

Street Address (P.O. Box Number is Not Acceptable)

4433 10th Ave. North

City

LAKE WORTH

FL

Zip Code

33461

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

*Robert A. Martin*

ROBERT A. MARTIN PRES

3/8/04

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, 2004 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

TITLE	PTDS	<input type="checkbox"/> Delete
NAME	MARTIN, ROBERT A	
STREET ADDRESS	260 GREENBRIER DR	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTIN, RICHARD B	
STREET ADDRESS	4395 MELALEUCA TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33406-5706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ROBERT A	
STREET ADDRESS	4433 10th Ave. North	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, RICHARD B.	
STREET ADDRESS	4433 10th Ave. North	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

*Robert A. Martin*

ROBERT A. MARTIN 3/8/04

561-434-6939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #