2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 07, 2005 08:00 AM DOCUMENT # P93000015548 Secretary of State 1. Entity Name ERNEST J. MARTIN ENTERPRISES INC. Principal Place of Business Mailing Address 5050 34TH STREET NORTH ST. PETERSBURG FL 33714 5050 34TH STREET NORTH ST. PETERSBURG FL 33714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3210420 Not Applicable Zip Country Z_{ip} Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, ERNEST J Street Address (P.O. Box Number is Not Acceptable) 5050 34TH STREET NORTH ST. PETERSBURG FL 33714 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 Fforida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Regislered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 PTD TITLE Change Addition TITLE Delete U00000218445 02/07/05-80065-003 150.00 MARTIN, ERNEST J NAME NAME STREET ADDRESS 5050 34TH ST N STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33705 CITY ST-ZIP TITLE Delete TITLE Addition 🔲 ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change , ☐ Addition ☐ Delete TITLE TiTLE NAME NAME STRFET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P 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.

FILED

2/3/05-1-727-521-2685