2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000023597

1. Entity Name
MARTINE HOLDING, INC.

Principal Place of Business	Mailing Address
33283 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684	33283 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684

DO NOT WRITE IN THIS SPACE

02032005   No Chg-P   CR2E034 (10/03)

4. FEI Number   65-0398393 | Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DE MARTINE, ARTHUR L
33283 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

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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 _____
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	DE MARTINE, ROBERT B
STREET ADDRESS	7327 PERIWINKLE DR.
CITY-ST-ZIP	SARASOTA, FL 34231

TITLE	D
NAME	DEMARTINE, ARTHUR L
STREET ADDRESS	33283 US HWY 19 N
CITY-ST-ZIP	PALM HARBOR, FL 34684

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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03/07/05-80004-001 150.00

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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: _____ Art De Martine _____ 3/4/05 _____ 727 784 3921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #