


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90249 015 ***150.00

DOCUMENT # P96000006699	
1. Entity Name MARTYN & MARTYN ENTERPRISES, INC.	

Principal Place of Business 1070 SHADICK DRIVE STE E ORANGE CITY, FL 32763 US	Mailing Address 1070 SHADICK DRIVE STE E ORANGE CITY, FL 32763 US
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2. Principal Place of Business 955 Utica ST Suite, Apt. #, etc.	3. Mailing Address 955 Utica ST Suite, Apt. #, etc.
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City & State Deltona, FL	City & State Deltona, FL
Zip 32725 Country US	Zip 32725 Country US



01132006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3356355		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MARTYN & MARTYN ENT, INC. 1070 SHADICK DRIVE STE E ORANGE CITY, FL 32763		7. Name and Address of New Registered Agent Name Martyn & Martyn ENT, INC. Street Address (P.O. Box Number is Not Acceptable) 955 Utica ST. City Deltona FL Zip Code 32725

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 *Karl Martyn / President* DATE 1/12/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST MARTYN, KARL 955 UTICA ST. DELTONA, FL 32725 <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
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karl Martyn / President*