

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000032017

1. Entity Name
KATHERINE A. MARTINEZ, P.A.



Principal Place of Business
77 MARTINIQUE AVE
TAMPA, FL 33606 US

Mailing Address
77 MARTINIQUE AVE
TAMPA, FL 33606 US

FILED
Sep 08, 2005 08:00 AM
Secretary of State



08242005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3452377

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARTINEZ, KATHERINE A
77 MARTINIQUE AVE
TAMPA, FL 33606

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, KATHERINE A 77 MARTINIQUE AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARTINEZ, KATHERINE A 77 MARTINIQUE AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Katherine Martinez Katherine Martinez

9-6-05 (813) 857-0059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #