

2000 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000053912	
1. Entity Name MARTELLO ENTERPRISES, INC.	

Principal Place of Business 9034 HECKSCHER DR JACKSONVILLE, FL 32226	Mailing Address 9034 HECKSCHER DR JACKSONVILLE, FL 32226
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02072006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3450212	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARTELLO, JAMES J
9034 HECKSCHER DR
JACKSONVILLE, FL 32226**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTELLO, JAMES J 9034 HECKSCHER DR JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MARTELLO, SHERRY A 9034 HECKSCHER DR JACKSONVILLE, FL 32226
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Sherry A. Martello, Sherry A. Martello **4-6-06** **904-251-921**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #