

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR 23 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P99000008287</b> 1. Entity Name <b>MARTINEZ SERVICES, INC.</b>			
Principal Place of Business <b>4141 SOUTHPPOINT DR. EAST SUITE D JACKSONVILLE, FL 32216</b>		Mailing Address <b>4141 SOUTHPPOINT DR. EAST SUITE D JACKSONVILLE, FL 32216</b>	
2. Principal Place of Business (No P.O. Box #) <b>500 South 3rd Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>500 South 3rd Street</b> Suite, Apt. #, etc.	
City, State <b>Jacksonville Beach, FL</b> Zip <b>32250-6624</b>		City, State <b>Jacksonville, FL</b> Zip <b>32250-6624</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3553691</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARTINEZ, PAUL 4141 SOUTHPPOINT DR. EAST SUITE D JACKSONVILLE, FL 32216</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>500 South 3rd Street</b> City <b>Jacksonville Beach FL 32250-6624</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	NAME <b>MARTINEZ, PAUL</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4141 SOUTHPPOINT DR. E., SUITE D</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32216</b>	<b>500 South 3rd Street Jacksonville Beach, FL 32250-6624</b>	
TITLE <b>NAME</b>	STREET ADDRESS <b>NAME</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>NAME</b>	CITY-ST-ZIP <b>NAME</b>	<b>100098751871 04/26/07--01026--001 **300.00</b>	
TITLE <b>NAME</b>	STREET ADDRESS <b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>NAME</b>	CITY-ST-ZIP <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>NAME</b>	STREET ADDRESS <b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>NAME</b>	CITY-ST-ZIP <b>NAME</b>	<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: <b>Paul Martinez</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-18-07 904-241-4250</b> <small>Date Daytime Phone #</small>	

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