2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 15, 2004 08:00 AM Secretary of State DOCUMENT # P99000037830 **R&R OF MARTIN, CORPORATION** Principal Place of Business Mailing Address 2818 S.E. DUNE DRIVE, #2404 2818 S.E. DUNE DRIVE, #2404 STUART, FL 34996 STUART, FL 34996 No Chg-P CR2E034 (10/03) 03122004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0915601 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOPKO, JAMES DO NOT WRITE 853 SE MONTEREY COMMONS BLVD STUART, FL 34996 IN THIS SPACE 5. 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, 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, 2004 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME CLINE, ROBERT A JR. STREET ADDRESS 2818 S.E. DUNE DRIVE, #2404 CITY-\$T-ZIP STUART, FL 34996 000000089437 03/15/04-80092-003 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 adjactness, with all other like empowered.

SIGNATURE:

STREET ADDRESS

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/04 772-225-0240

FILED