


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # S39577 1. Entity Name BOB MARTINEZ AND COMPANY	
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Principal Place of Business
**4647 SAN JOSE ST.
TAMPA, FL 33629 US**

Mailing Address
**P.O. BOX 10495
TAMPA, FL 33679**



01302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3062533	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

**MARTINEZ, BOB
4647 SAN JOSE ST
TAMPA, FL 33629**

**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 \$150.00
After May 1, 2005 Fee will be \$550.00**

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, BOB 4647 SAN JOSE ST TAMPA, FL 336296542
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARTINEZ, MARY JANE 4647 SAN JOSE ST TAMPA, FL 336296542
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**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:  **Bob Martinez** 2/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #