2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S39577

1. Entity Name
BOB MARTINEZ AND COMPANY

Principal Place of Business	Mailing Address
4647 SAN JOSE ST. TAMPA, FL 33629 US	P.O. BOX 10495 TAMPA, FL 33679

DO NOT WRITE IN THIS SPACE

01112006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3062533	Not Applicable

5. Certificate of Status Desired ☐   **$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, 2006 Fee will be $550.00

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

H060000389630
01/20/06-80053-020 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P	
NAME	MARTINEZ, BOB	
STREET ADDRESS	4647 SAN JOSE ST	
CITY-ST-ZIP	TAMPA, FL 336296542	
TITLE	T	
NAME	MARTINEZ, MARY JANE	
STREET ADDRESS	4647 SAN JOSE ST	
CITY-ST-ZIP	TAMPA, FL 336296542	
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 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: *Bob Martinez* – Bob Martinez   1/11/06   (813) 831-3307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #