

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000030913

**Entity Name:** JUAN A. MARTINEZ, INC.

**Current Principal Place of Business:**

4603 TROUT RIVER CROSSING  
ELLENTON, FL 34222

**Current Mailing Address:**

4603 TROUT RIVER CROSSING  
ELLENTON, FL 34222

**FEI Number:** 45-0506376

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARTINEZ, JUAN A  
4603 TROUT RIVER CROSSING  
ELLENTON, FL 34222 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MARTINEZ, JUAN A  
Address 4603 TROUT RIVER CROSSING  
City-State-Zip: ELLENTON FL 34222

Title VP  
Name MORALES, JAMES R  
Address 4603 TROUT RIVER CROSSING  
City-State-Zip: ELLENTON FL 34222

Title TRES  
Name MARTINEZ, DEBORAH A  
Address 4603 TROUT RIVER CROSSING  
City-State-Zip: ELLENTON FL 34222

Title SECR  
Name EUSTACHE, BENSON  
Address 4603 TROUT RIVER CROSSING  
City-State-Zip: ELLENTON FL 34222

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEBORAH A MARTINEZ

TRES

04/22/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date