

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081238

Entity Name: CLIFFORD F. MARTINEZ, INC**Current Principal Place of Business:**1299 NOCHAWAY DR.
ST. AUGUSTINE, FL 32092**Current Mailing Address:**1299 NOCHAWAY DR.
ST. AUGUSTINE, FL 32092 US**FEI Number:** 20-4345693**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTINEZ, CLIFFORD
1299 NOCHAWAY DR.
ST. AUGUSTINE, FL 32092 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	PSD
Name	MARTINEZ, CLIFFORD
Address	1299 NOCHAWAY DR.
City-State-Zip:	ST. AUGUSTINE FL 32092

Title	MR
Name	MARTINEZ, CLIFFORD F
Address	1299 NOCHAWAY DR.
City-State-Zip:	ST. AUGUSTINE FL 32092

Title	TREASURER
Name	MARTINEZ, EILEEN J
Address	1299 NOCHAWAY DR.
City-State-Zip:	ST. AUGUSTINE FL 32092

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: CLIFFORD F. MARTINEZ

PRESIDENT

03/20/2020

Electronic Signature of Signing Officer/Director Detail_____
Date