

2013 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 854237

1. Entity Name
MATRIX* SALES & MARKETING INCORPORATED



FILED

13 JUN 10 AM 9:11

OFFICE OF THE STATE
ATTORNEY GENERAL, FLORIDA

Principal Place of Business

267 N.W. CAIRO ROAD,
DAY, FL 32013 US

Mailing Address

267 N.W. CAIRO ROAD,
DAY, FL 32013 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAY, FL.

Zip

Country

Zip

Country

32013

USA.

10142013

Chg-P

CRZED34 (12/11)

4. FEI Number

59-1953165

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURNS, ROBERT J SR.
267 NW CAIRO ROAD,
DAY, FL 32013

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 changing)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 27, 2013

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

PRES
BURNS, ROBERT J SR.
267 NW CAIRO ROAD,
DAY, FL 32013

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SEC
EDINGTON, LORRAINE E.
267 NW CAIRO ROAD,
DAY, FL 32013

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TREA
HAMMOND, DONNA L
8028 N.W. 156 AVENUE,
ALACHUA, FL 32616

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EMAIL ADDRESS

uncbob@windstream.net

[www.fldos.org](#) Corporations Payments Tools Activity Information

rmcknight

Annual Report Filing History

Search By Document ID

Session

Description	Filing Stage
Session file for 854237 with last modified date of 6/10/2013 3:56:11 PM Eastern Standard Time	Edit

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
1772d770-ba1e-421b-8a24-930274cf1da4	854237	0	2	2/6/2012 12:00:00 AM
29082de0-8bff-45ce-b6c0-0fff5eeebd7f	854237	0	2	1/5/2011 12:00:00 AM
9e85526e-04ed-47bf-a1e3-78a19015a4aa	854237	0	2	1/6/2010 12:00:00 AM

