


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90010 035 \*\*\*150.00

DOCUMENT # F95000000599			
1. Entity Name MATSON LUMBER COMPANY			
Principal Place of Business 24 DOCKSIDE LANE PMB 489 KEY LARGO, FL 33037-5273		Mailing Address C/O SCHNEIDER DOWNS & CO. INC 1133 PENN AVE. PITTSBURGH, PA 15222-4205	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MATSON, ROBERT D 24 DOCKSIDE LANE PMB 489 KEY LARGO, FL 33037-5273		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: <i>Robert D. Matson</i>		DATE	
SIGNATURE, typed or printed name of registrant agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MATSON, ROBERT D PMB 489, 24 DOCKSIDE LANE KEY LARGO, FL 330375273 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MATSON, BECKY JO 132 MAIN ST. BROOKVILLE, PA 15825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Matson, Becky Jo 132 Main St. Brookville, PA 15825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DOMENICK, LEONARD 132 MAIN ST. BROOKVILLE, PA 15825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CONTI, BARBARA A 132 MAIN ST BROOKVILLE, PA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V John Matson 132 Main St. Brookville, PA 15825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Jim Matson 132 Main St. Brookville, PA 15825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowerments.			
SIGNATURE: <i>Barbara Conti</i>		Date: <i>1/21/04</i> (214) 849-5334	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	