




**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 20, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90481 042 \*\*\*150.00

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # F95000000599</b>   |  |    |   |
| 1. Entity Name<br><b>MATSON LUMBER COMPANY</b>   |  |   |   |
| Principal Place of Business<br><b>24 DOCKSIDE LANE<br/>PMB 489<br/>KEY LARGO, FL 33037-5273</b>  |  | Mailing Address<br><b>C/O SCHNEIDER DOWNS &amp; CO. INC<br/>1133 PENN AVE.<br/>PITTSBURGH, PA 15222-4205</b>  |   |
| 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   |   |
| <b>MATSON, ROBERT D<br/>24 DOCKSIDE LANE<br/>PMB 489<br/>KEY LARGO, FL 33037-5273</b>  |  | Name<br><b>Matson, Joan</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>24 Dockside Lane</b><br><b>PMB 489</b><br>City<br><b>Key Largo</b> FL Zip Code<br><b>33037-5273</b> |   |
| 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:  <b>JOAN MATSON</b>  |  | DATE: <b>6/14/05</b>  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | CD<br><b>MATSON, ROBERT D</b><br><b>PMB 489, 24 DOCKSIDE LANE</b><br><b>KEY LARGO, FL 330375273</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>Matson, Joan</b><br><b>PMB 489, 24 Dockside Lane</b><br><b>Key Largo, FL 33037-5273</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VD<br><b>MATSON, BECKY JO</b><br><b>132 MAIN ST.</b><br><b>BROOKVILLE, PA 15825</b> <input type="checkbox"/> Delete                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | ST<br><b>DOMENICK, LEONARD</b><br><b>132 MAIN ST.</b><br><b>BROOKVILLE, PA 15825</b> <input type="checkbox"/> Delete                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VD<br><b>CONTI, BARBARA A</b><br><b>132 MAIN ST</b><br><b>BROOKVILLE, PA</b> <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | V<br><b>MATSON, JOHN</b><br><b>132 MAIN ST.</b><br><b>BROOKVILLE, PA 15825</b> <input type="checkbox"/> Delete                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br><b>MATSON, JIM</b><br><b>132 MAIN ST</b><br><b>BROOKVILLE, PA 15825</b> <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br><b>Matson, Jim</b><br><b>132 Main Street</b><br><b>Brookville, PA 15825</b> <input checked="" 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 empowered. |  |   |   |
| SIGNATURE:  <b>L.L. DOMENICK</b>  |  | DATE: <b>4/29/05</b> DAYTIME PHONE: <b>814 849-3354</b>   |   |

**66023337**



04262005 Chg-P CR2E034 (10/03)

4. FEI Number **25-1431028** Applied For  Not Applicable

5. Certificates of Status Desired  **\$8.75 Additional Fee Required**

ATTACHMENT



INSIGHT ■ INNOVATION ■ EXPERIENCE

66023337

#F95000000599

May 31, 2005

Florida Department of Revenue  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Re: Matson Lumber Company  
EIN: 25-1431023  
Year: December 31, 2005

On behalf of the above-named taxpayer we are responding to your notice dated May 17, 2005 (copy enclosed). Your notice indicates that the return has not been filed because the new registered agent did not sign the return accepting the designation.

Enclosed please find a copy of the return as originally filed with Joan Matson's signature in Box 8.

We respectfully request the abatement of all tax and penalties on this account and the notification be sent to the taxpayer accordingly.

If you have any questions or require additional information, please do not hesitate to contact Jeffrey A. Wlahofsky or George E. Adams of our office.

Very truly yours,

Certified Public Accountants

JCK/mab  
Ref: 15486-31000  
Enclosures  
c: Mr. Len Domenick  
F:\BENNER\M\GEORGE\LETTERS\MATSON\LUMBER\FLNOTICE.DOC