


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90058 049 ***150.00

DOCUMENT # J97783 1. Entity Name MATONIS & ASSOCIATES, INC.			
Principal Place of Business JOAN B. MATONIS 2525 GREENACRE RD APOPKA, FL 32703		Mailing Address 5764 N ORANGE BLOSSOM TR #196 ORLANDO, FL 32810	
2. Principal Place of Business 851 W. SR 436		3. Mailing Address Suite, Apt. #, etc. 1097	
City & State Altamonte Springs FL		City & State Suite, Apt. #, etc.	
Zip 32714	Country U.S.A.	4. FEI Number 59-2858663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATONIS, JOHN B 2525 GREENACRE RD APOPKA, FL 32703		7. Name and Address of New Registered Agent Name Joan B MATONIS Street Address (P.O. Box Number is Not Acceptable) 2525 Greenacre Rd City APOPKA FL Zip Code 32703	
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>Joan B Matonis</i> <small>Signature or typed or printed name of registered agent and title if applicable.</small>		DATE 4/1/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	DPVS <input type="checkbox"/> Delete MATONIS, JOAN B. 2525 GREENACRE RD APOPKA, FL 32703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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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: <i>Joan B Matonis</i>		Date 4/1/04 Daytime Phone # 407-774-0333	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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