

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90050 050 ***150.00



DOCUMENT # J97783
 1. Entity Name
MATONIS & ASSOCIATES, INC.

Principal Place of Business Mailing Address
 851 W SR 436 5764 N ORANGE BLOSSOM TR
 1097 #196
 ALTAMONTE SPRINGS, FL 32714 ORLANDO, FL 32810

2. Principal Place of Business 3. Mailing Address
222 S. Westmonte Dr Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
106

City & State City & State
Altamonte Springs

Zip Country Zip Country
32703 *Florida*

02212005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2858663 Not Applicable

5. Certificate of Status Desired \$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)
 City *Altamonte Springs* **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: *Joan B. Matonis* DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATONIS, JOAN B.	NAME	
STREET ADDRESS	2525 GREENACRE RD	STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32703	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Joan B. Matonis* **JOAN B. MATONIS** *2/22/05* *407 7740333*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #