


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90202 050 \*\*\*150.00

<b>DOCUMENT # J97783</b>	
1. Entity Name MATONIS & ASSOCIATES, INC.	

Principal Place of Business 222 S WESTMONTE DR 106 ALTAMONTE SPRINGS, FL 32703	Mailing Address 5764 N ORANGE BLOSSOM TR #196 ORLANDO, FL 32810
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2. Principal Place of Business - No P.O. Box # 1052 W. STATE ROAD 436 Suite, Apt. #, etc. STE 1064 City & State ALTAMONTE SPRINGS, FL	3. Mailing Address 1052 W. SR 436 Suite, Apt. #, etc. STE 1064 City & State ALTAMONTE SPRINGS
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02282008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2858663	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MATONIS, JOAN B 2525 GREENACRE RD APOPKA, FL 32703	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS MATONIS, JOAN B. 2525 GREENACRE RD APOPKA, FL 32703 <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 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:** *Joan B. Matonis* **JOAN B. MATONIS** **3/1/08** **407 774 0333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #