

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J97783

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** MATONIS & ASSOCIATES, INC.

**Current Principal Place of Business:**

1052 W. STATE ROAD 436  
STE 1064  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

1052 W. STATE ROAD 436  
STE 1064  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

5764 N. ORANGE BLOSSOM TRAIL  
#196  
ORLANDO, FL 32810

**FEI Number:** 59-2858663

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MATONIS, JOAN B  
2525 GREENACRE RD  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPVS  
Name: MATONIS, JOAN B.  
Address: 2525 GREENACRE RD  
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOAN B. MATONIS

PRES

02/18/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date