


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State


DOCUMENT # P06000128640

1. Entity Name
MATSON REALTY, INC



Principal Place of Business 301 E. PINE ST SUITE 150 ORLANDO, FL 32801	Mailing Address 12472 LAKE UNDERHILL RD # 245 ORLANDO, FL 32828
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5720201	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

**MATSON, LISA A
 2959 ARCATA LANE
 ORLANDO, FL 32825**

DO NOT WRITE IN THIS SPACE

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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000948274
 06/02/08-80048-015.150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATSON, LISA A 12472 LAKE UNDERHILL RD # 245 ORLANDO, FL 32828
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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: *Lisa Matson* **LISA MATSON** *5/1/08* **321-231-3040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #