2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000006450

1. Entity Name
MATHEWS APPRAISAL SERVICES, INC.

Principal Place of Business	Mailing Address
721 US HIGHWAY ONE STE. 208 NORTH PALM BEACH, FL 33408	721 US HIGHWAY ONE STE. 208 NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

01232004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0378658
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional **Fee Required**

6. **Name and Address of Current Registered Agent**

RYAN, DIANE
721 US HIGHWAY ONE
STE. 208
NORTH PALM BEACH, FL 33408

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000101555
04/02/04--90018--004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RYAN, DIANE
STREET ADDRESS	721 US HWY. ONE, STE. 208
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	VP
NAME	RYAN, ROBERT
STREET ADDRESS	44 YATCH CLUB DR 112
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Diane Ryan Diane Ryan 3/31/04 561-863-8110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #