

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000000751**

1. Entity Name  
**MATT BREWING CO., INC.**



Principal Place of Business

**811 EDWARD ST.  
UTICA, NY 13502**

Mailing Address

**811 EDWARD ST.  
UTICA, NY 13502**

**DO NOT WRITE IN THIS SPACE**



02142007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**16-1343803**

Applied For  
Not Applicable

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

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

**MUTH, GORDON  
APARTMENT 206  
818 CAPRI ISLE BLVD  
VENICE, FL 34292**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DV
NAME	MATT, ALFRED D
STREET ADDRESS	7289 NORTON AVENUE
CITY-ST-ZIP	CLINTON, NY 13323
TITLE	DVCP
NAME	MATT, NICHOLAS O
STREET ADDRESS	36 JORDAN RD.
CITY-ST-ZIP	NEW HARTFORD, NY 13413
TITLE	D
NAME	MATT, J. KEMPER
STREET ADDRESS	5 MEADOW LANE
CITY-ST-ZIP	FAYETTEVILLE, NY 13066
TITLE	T
NAME	MATT, NICHOLAS O
STREET ADDRESS	36 JORDAN RD.
CITY-ST-ZIP	NEW HARTFORD, NY 13413
TITLE	S
NAME	MATT, ALFRED D
STREET ADDRESS	7289 MORTON AVE
CITY-ST-ZIP	CLINTON, NY 13323
TITLE	D
NAME	MATT, F.X. III
STREET ADDRESS	44 JORDAN RD
CITY-ST-ZIP	NEW HARTFORD, NY 13413

U00000686423  
04/03/07-80045-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-20-07**

Date

**315-624-2400**

Daytime Phone #