2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90004 045 ***150.00

DOCUMENT # J46277

1. Entity Name
MATTHEWS REALTY & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6233 MERCER CIRCLE W JACKSONVILLE, FL 32217 US	6233 MERCER CIRCLE W JACKSONVILLE, FL 32217 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: JACKSONVILLE, FLORIDA	City & State
Zip: 32217 / Country: DUVAL	Zip / Country

05142007 Chg-P CR2E034 (12/06)

4. FEI Number: 57-2722964 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATTHEWS, JO ANN 6233 MERCER CIRCLE W JACKSONVILLE, FL 32217	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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 $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MATTHEWS, JO ANN 6233 MERCER CIRCLE W JACKSONVILLE, FL 32217 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MATTHEWS, JO ANN 6233 MERCER CIRCLE, W JACKSONVILLE, FL. 32217 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

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: Jo Ann Matthews — 4-26-07 — 904-614-3865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
JO ANN MATTHEWS

ATTACHMENT

H01200106

J46277

Florida Department of State
Division of Corporations

Subject: Matthews Realty + Associates, Inc.
Ref Number: J46277

Attn: Marguerita Williams

As I stated previously, when our office moved from one San Jose Blvd several of our files were lost. To our best knowledge we did not recieve the "2007 for profit corporate annual report forms.

All your records should reflect we have always submitted our report "on time" and hopefully you will accept our payment of $150 as acceptable payment.

Respectfully submitted,

Jo Ann Matthews