

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
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**



03202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000000293792

04/24/08-80002-014 150.00

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

**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

03-20-08

Date

315-624-2400

Daytime Phone #