

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H70409

**Entity Name:** MATSON INSURANCE & BONDING, INC.

**Current Principal Place of Business:**

700 S. DIXIE HWY.  
STE. 100  
CORAL GABLES, FL 33146

**Current Mailing Address:**

700 S. DIXIE HWY.  
STE. 100  
CORAL GABLES, FL 33146 US

**FEI Number:** 59-2565494

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MATSON, D. WIII  
700 S. DIXIE HWY.  
STE. 100  
CORAL GABLES, FL 33146 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MATSON, D. W., III  
Address 700 S. DIXIE HWY, SUITE 100  
City-State-Zip: CORAL GABLES FL 33146

Title SD  
Name MATSON, D WIII  
Address 700 S. DIXIE HWY, SUITE 100  
City-State-Zip: CORAL GABLES FL 33146

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** D.W. MATSON III

**PRESIDENT**

**02/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date