


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 255867		
1. Entity Name MATHEWS CONSTRUCTION OF TAMPA, INC.		
Principal Place of Business 1604 N. MARION ST. TAMPA, FL 33602 US		Mailing Address 1604 N. MARION ST TAMPA, FL 33602 US
DO NOT WRITE IN THIS SPACE		
		01092004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-0967052		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent OELLERICH, DAVID E. 1604 N. MARION ST. TAMPA, FL 33602		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS EIFLER, PATRICIA 1724 TALLOWTREE CR. VALRICO, FL 33594	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO OELLERICH, DAVID E 448 LUCERNE AVENUE TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OELLERICH, HERMAN J 3300 BROOKSIDE DRIVE ROSWELL, GA 30076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS OELLERICH, MARY ELLEN 448 LUCERNE AVENUE TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 the same like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

U00000005495
01/15/04-80056-001 158.75

**DO NOT WRITE
IN THIS SPACE**