


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 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
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01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	

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 02/28/06-80073-014 158.75

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 a notary seal or other like empowered.

SIGNATURE: David E. Oellerich, Pres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1-16-05
 Original Filing No: 813-221-6659
 Original Filing No: 813 841 6601