



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90168 032 ***150.00

DOCUMENT # 300808 1. Entity Name MAT-MAR INC																																																																																																																																																											
Principal Place of Business 12309 HOUNDS TOOTH LN HUDSON, FL 34667 US				Mailing Address 12309 HOUNDS TOOTH LN. HUDSON, FL 34667 US																																																																																																																																																							
2. Principal Place of Business 9743 U.S. 19 Suite, Apt. #, etc. BLdg. #2		3. Mailing Address 9743 U.S. 19 Suite, Apt. #, etc. BLdg. #2																																																																																																																																																									
City & State Port Richey, FL		City & State Port Richey, FL		03082006 Chg-P CR2E034 (11/05)																																																																																																																																																							
Zip 34668		Country U.S.A.		4. FEI Number 59-1165284																																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																																																									
6. Name and Address of Current Registered Agent NEIL, MARION M 12309 HOUNDS TOOTH LN HUDSON, FL 34667				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. 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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: <u>Marion M. Neil</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/6-06</u> (727) 863-1187 <small>Date Daytime Phone #</small>																																																																																																																																																								