


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 356375**  
 1. Entity Name  
**MATHENY IMPORTS, INC.**



Principal Place of Business      Mailing Address  
**11211 ATLANTIC BLVD**      **11211 ATLANTIC BLVD**  
**JACKSONVILLE, FL 32225**      **JACKSONVILLE, FL 32225**

**DO NOT WRITE IN THIS SPACE**



01072004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-1278015</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MATHENY, RAYMOND A.**  
**11211 ATLANTIC BLVD**  
**JACKSONVILLE, FL 32225**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	DECK, JULIA A
STREET ADDRESS	11211 ATLANTIC BLVD
CITY - ST - ZIP	JACKSONVILLE, FL 32225
TITLE	PD
NAME	MATHENY, RAYMOND A
STREET ADDRESS	11211 ATLANTIC BLVD
CITY - ST - ZIP	JACKSONVILLE, FL 32225
TITLE	SD
NAME	BECK, KATHY M
STREET ADDRESS	11211 ATLANTIC BLVD
CITY - ST - ZIP	JACKSONVILLE, FL 32225
TITLE	CD
NAME	MATHENY, MARCEE C
STREET ADDRESS	11211 ATLANTIC BLVD
CITY - ST - ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	DECK, JAMES
STREET ADDRESS	11211 ATLANTIC BLVD
CITY - ST - ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	ELISA, MUSTAFA
STREET ADDRESS	11211 ATLANTIC BLVD
CITY - ST - ZIP	JACKSONVILLE, FL 32225

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** R A Matheny      **R A MATHENY**      **1-12-04**      **(904) 642-1500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #