


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 591560
1. Entity Name
MATHEWS REALTY AND INVESTMENT CORPORATION



Principal Place of Business
3317 W. MCKAY AVE.
TAMPA, FL 33609-4627

Mailing Address
3317 W. MCKAY AVE.
TAMPA, FL 33609-4627

DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2354938

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MATHEWS, CAROLYN C
3317 W. MCKAY AVE.
TAMPA, FL 33609

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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	PDSA
NAME	MATHEWS, CAROLYN C
STREET ADDRESS	3317 W. MCKAY AVE.
CITY-ST-ZIP	TAMPA, FL 336094627
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/04-80153-023 150.00

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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 Carolyn C. Mathews 4/30/04 813-877-7981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #