

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90013 002 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 613809 1. Entity Name MATRIX ENGINEERING, INC.	
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Principal Place of Business 3434 INDUSTRIAL 33 ST FT PIERCE, FL 34946	Mailing Address 3434 INDUSTRIAL 33 ST FT PIERCE, FL 34946
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54037525



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1898648	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HAYES, THOMAS 1550 SMUGGLERS COVE VERO BEACH, FL 32963
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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 NAME STREET ADDRESS CITY - ST - ZIP	TD SAYLOR EDWARD T 8323 CHINABERRY ROAD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS HAYES, THOMAS 1550 SMUGGLERS COVE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

A16.8A

772-461-2056