

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 613809

1. Entity Name
MATRIX ENGINEERING, INC.



Principal Place of Business
**3434 INDUSTRIAL 33 ST
FT PIERCE, FL 34946**

Mailing Address
**3434 INDUSTRIAL 33 ST
FT PIERCE, FL 34946**

FILED
Apr 17, 2006 08:00 AM
Secretary of State



02222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1898648

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAYES, THOMAS
1550 SMUGGLERS COVE
VERO BEACH, FL 32963**

**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, 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	TD
NAME	SAYLOR EDWARD T
STREET ADDRESS	8323 CHINABERRY ROAD
CITY-ST-ZIP	VERO BEACH, FL 32963

TITLE	PDS
NAME	HAYES, THOMAS
STREET ADDRESS	1550 SMUGGLERS COVE
CITY-ST-ZIP	VERO BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000513146
04/29/06-80114-022 150.00

**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 an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS HAYES

4/14/06 (772) 461-2156

Date

Daytime Phone #