

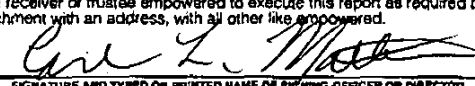
04/04/2005 12:15 8136850875

HAMILTON&P-

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90125 033 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 674953		
1. Entity Name CARL MATHEWS ENTERPRISES, INC.		
Principal Place of Business 5717 ADAMS DR. TAMPA FL 33619 8812 VAN FLEET RD RIVERVIEW FLA. 33569		Mailing Address 8812 VAN FLEET RD RIVERVIEW, FL 33569
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent MATHEWS, CARL L. 8812 VAN FLEET RD RIVERVIEW, FL 33569		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PST MATHEWS, CARL L 8812 VAN FLEET RIVERVIEW, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 807, 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: 		4/4/05 813 677 8464 Daytime Phone #