


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 693403 1. Entity Name THE MATHE CORPORATION		
Principal Place of Business 106 MATHE AVE INTERLACHEN, FL 32148-417 US		Mailing Address PO BOX 1417 INTERLACHEN, FL 32148 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MATHE, JOHN J JR 106 MATHE AVE PO BOX 1417 INTERLACHEN, FL 32148		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATHE, JOHN J JR P.O. BOX 1417 INTERLACHEN, FL 32148	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATHE, MARGARET J P.O. BOX 1417 INTERLACHEN, FL 32148	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Margaret J Mathe</u> <u>Margaret J Mathe VP</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/23/07</u> <u>386/084-0327</u> <small>Date Daytime Phone #</small>



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2116292	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000732640
05/09/07-80054-002 150.00

**DO NOT WRITE
IN THIS SPACE**