

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000006590**

1. Entity Name  
**MATTHEWS, PIERCE & LLOYD, INC.**



Principal Place of Business  
**830 WALKER ROAD, SUITE 12  
DOVER, DE 19904**

Mailing Address  
**15310 AMBERLY DRIVE, SUITE 105  
TAMPA, FL 33647**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**26-0005171**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WAGAMAN, DENNIS  
15310 AMBERLY DRIVE, SUITE 105  
TAMPA, FL 33647**

**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

**CEO, Dennis Wagaman**

**4/5/06**

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

**000000502088  
04/25/06-80088-025 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	NADLER, ALAN
STREET ADDRESS	502 FALCON DRIVE
CITY- ST- ZIP	CAMDEN, DE 19934
TITLE	VP
NAME	SEFANE, MAJID
STREET ADDRESS	487 CARRINGTON DRIVE
CITY- ST- ZIP	DOVER, DE 19901
TITLE	ST
NAME	WAGAMAN, DENNIS
STREET ADDRESS	5026 ASHINGTON LNDG. DR
CITY- ST- ZIP	TAMPA, FL 33647

**DO NOT WRITE  
IN THIS SPACE**

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 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:**

**Dennis Wagaman**

**4/5/06**

**813/977-6510**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #