

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F41910

Entity Name: MATHIAS AND COMPANY, INC.

FILED
Feb 14, 2008
Secretary of State

Current Principal Place of Business:

2314 WINTERWODS BLVD.
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 4097
WINTER PARK, FL 32793

New Mailing Address:

FEI Number: 59-2119891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHIAS, MONTY F
653 GREENMEADOW AVE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MATHIAS, MONTY F
Address: 653 GREEN MEADOW AVE
City-St-Zip: MAITLAND, FL 32751

Title: VD () Delete
Name: KASAVAGE, WILLIAM J
Address: 2332 LOWNDES DR
City-St-Zip: WINTER PARK, FL 32792

Title: ST () Delete
Name: MATHIAS, JUDITH D
Address: 653 GREEN MEADOW AVE
City-St-Zip: MAITLAND, FL 32751

Title: VD () Delete
Name: MATHIAS, MONTY J
Address: 1824 LOST PINE LN
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: KASAVAGE, WILLIAM J
Address: 1245 LAKE MILLS RD
City-St-Zip: CHULUOTA, FL 32766

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH D. MATHIAS

ST

02/14/2008

Electronic Signature of Signing Officer or Director

Date