


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90010 035 \*\*\*150.00

<b>DOCUMENT # F95000000599</b> 1. Entity Name <b>MATSON LUMBER COMPANY</b>					
Principal Place of Business <b>24 DOCKSIDE LANE PMB 489 KEY LARGO, FL 33037-5273</b>			Mailing Address <b>C/O SCHNEIDER DOWNS &amp; CO. INC 1133 PENN AVE. PITTSBURGH, PA 15222-4205</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  <b>MATSON, ROBERT D 24 DOCKSIDE LANE PMB 489 KEY LARGO, FL 33037-5273</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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: <u><i>Robert D. Matson</i></u> <small>Signature, typed or printed name of registrant agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD <input type="checkbox"/> Delete <b>MATSON, ROBERT D PMB 489, 24 DOCKSIDE LANE KEY LARGO, FL 330375273</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete <b>MATSON, BECKY JO 132 MAIN ST. BROOKVILLE, PA 15825</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VD Matson, Becky Jo 132 Main St. Brookville, PA 15825</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <input type="checkbox"/> Delete <b>DOMENICK, LEONARD 132 MAIN ST. BROOKVILLE, PA 15825</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input type="checkbox"/> Delete <b>CONTI, BARBARA A 132 MAIN ST BROOKVILLE, PA</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V John Matson 132 Main St. Brookville, PA 15825</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete _____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P Jim Matson 132 Main St. Brookville, PA 15825</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete _____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____	
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 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 empowerments.					
SIGNATURE: <u><i>Barbara Conti</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/21/04</u> (214) 849-5334 <small>Daytime Phone #</small>		