

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # H11481	
1. Entity Name MATRIX DEVELOPMENT, INC.	
Principal Place of Business 15717 OAKLAND AVENUE OAKLAND, FL 34760 US	Mailing Address P.O. BOX 488 OAKLAND, FL 34760 US



DO NOT WRITE IN THIS SPACE

03182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2504128	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

ROHRER, DIANNE P
5620 PITCH PINE DR
ORLANDO, FL 32819

**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 _____

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, 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	D MITCHELL, R.J. 15717 OAKLAND AVENUE OAKLAND, FL 34760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, CAROLYN 15717 OAKLAND AVENUE OAKLAND, FL 34760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROHRER, DIANNE P 5620 PITCH PINE DR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK, P. LYNN 15717 OAKLAND AVENUE OAKLAND, FL 34760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK, BEVERLY A 15717 OAKLAND AVENUE OAKLAND, FL 34760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADERS, CAROL P 15717 OAKLAND AVENUE OAKLAND, FL 34760

000000275892
03/25/05-80016-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Dianne P. Rohrer

DIANNE P. ROHRER

3/21/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 654 6861