


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 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
---	---



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2504128	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

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 DIANNE P. ROHRER Dianne P. Rohrer 4/24/06  
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

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

U000000538425  
05/09/06-80056-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: DIANNE P. ROHRER Dianne P. Rohrer 4/24/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #