

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90241 021 \*\*\*150.00

**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**

**60000455**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**59-2504128**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

**DIANNE P. ROHRER**

Street Address (P.O. Box Number is Not Acceptable)

**15731 OAKLAND AVE**

City

**OAKLAND, FL**

City

**FL**

Zip Code

**34760**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** 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  
**D  
MITCHELL, R.J.  
15717 OAKLAND AVENUE  
OAKLAND, FL 34760** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MITCHELL, CAROLYN  
15717 OAKLAND AVENUE  
OAKLAND, FL 34760** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
ROHRER, DIANNE P  
5620 PITCH PINE DR  
ORLANDO, FL 32819** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**15731 OAKLAND AVE  
OAKLAND FL 34760**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PATRICK, P. LYNN  
15717 OAKLAND AVENUE  
OAKLAND, FL 34760** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PATRICK, BEVERLY A  
15717 OAKLAND AVENUE  
OAKLAND, FL 34760** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ADERS, CAROL P  
15717 OAKLAND AVENUE  
OAKLAND, FL 34760** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: **R J MITCHELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-7-07 402 325 5203**

Date

Daytime Phone #