

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # H19291

1. Entity Name

MATHERS-BRESCIA & ASSOCIATES, INC.



Principal Place of Business

% RALPH N. BRESCIA
485 AMHERST CIRCLE EAST
SATELLITE BEACH FL 32937

Mailing Address

% RALPH N. BRESCIA
485 AMHERST CIRCLE EAST
SATELLITE BEACH FL 32937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

BRESCIA, RALPH N
485 AMHERST CIRCLE EAST
SATELLITE BEACH FL 32937

Name

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

City

FL

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DST
NAME MATHERS, WILLIAM J.
STREET ADDRESS 11 SOUTH FEDERAL HIGHWAY, STE 226
CITY-ST-ZIP STUART FL ☐ Delete

TITLE DP
NAME BRESCIA, RALPH N.
STREET ADDRESS 485 AMHERST CIR. E.
CITY-ST-ZIP SATELLITE BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
02/24/05-80056-022 158.75

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

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CITY-ST-ZIP ☐ Change ☐ 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 empowered

SIGNATURE:

Ralph N Brescia

RALPH N BRESCIA

Feb 22 2005

321 773 1207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #