FILED
Jan 26, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H19291

1. Entity Name
MATHERS-BRESCIA & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% RALPH N BRESCIA 485 AMHERST CIRCLE EAST SATELLITE BEACH FL 32937	% RALPH N BRESCIA 485 AMHERST CIRCLE EAST SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

01182006 No Chg-P CR2E034 (11/05)

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 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	DST
NAME	MATHERS, WILLIAM J.
STREET ADDRESS	11 SOUTH FEDERAL HIGHWAY, STE 226
CITY-ST-ZIP	STUART, FL
TITLE	DP
NAME	BRESCIA, RALPH N
STREET ADDRESS	485 AMHERST CIR. E.
CITY-ST-ZIP	SATELLITE BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ralph N Brescia — JAN 19 2006 — 321 773 1207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #