

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # H71229

1. Entity Name
STALVEY-MATTHEWS REALTY, INC.



Principal Place of Business
2947 BROWARD RD.
JACKSONVILLE, FL 32218

Mailing Address
2947 BROWARD RD.
JACKSONVILLE, FL 32218



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2624627	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NEUMAN, DIANE E
2947 BROWARD RD.
JACKSONVILLE, FL 32218

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

01/27/06-80020-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDST
NAME	NEUMAN, DIANE
STREET ADDRESS	2947 BROWARD RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32218

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #