

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90005 047 ***150.00

DOCUMENT # J82510

1. Entity Name

MATTHEWS DEVELOPMENT COMPANY, INC.



Principal Place of Business

**4736 OCEAN BLVD
APT #7
SARASOTA FL 34242
US**

Mailing Address

**21202 W WILLOW DR
KILDEER IL 60047
US**

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 **59-2829936**

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

**TOMLINSON, DOUGLAS S CPA
1035 SO. SEMORAN BLVD. 2364 FORSYTH RD
STE #1021A
WINTER PARK FL 32792 ORLANDO FL 32807**

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, 2004 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	PD	<input type="checkbox"/> Delete
NAME	MATTHEWS, PIERRE	
STREET ADDRESS	21202 WEST WILLOW DRIVE	
CITY - ST - ZIP	KILDEER IL 60047	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MATTHEWS, GRETA	
STREET ADDRESS	21202 WEST WILLOW DR.	
CITY - ST - ZIP	KILDEER IL 60047	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MATTHEWS, JESSICA B-	
STREET ADDRESS	1600 EAST AIRPORT ROAD 2832 WILSHIRE AV.	
CITY - ST - ZIP	URBANA IL 61802 WEST LAFAYETTE, IN	
TITLE		<input type="checkbox"/> Delete 47906
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

Pierre Matthews Pres. **PIERRE MATTHEWS Pres.** 847-726-0417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 7/23/2004 Daytime Phone #