

~~2008~~ FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # J91296

1. Entity Name

MATTACO, INC.



Principal Place of Business

**4212 BRYWOOD DRIVE
NAPLES FL 34119
US**

Mailing Address

**4212 BRYWOOD DRIVE
NAPLES FL 34119
US**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **58-1764470**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOUTIN, GILBERT
4212 BRYWOOD DRIVE
NAPLES FL 34119**

7. Name and Address of New Registered Agent

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 is required when transferring.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State.

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	BOUTIN, GILBERT	
STREET ADDRESS	4212 BRYWOOD DRIVE	
CITY-STATE-ZIP	NAPLES FL	
TITLE	TDS	☐ Delete
NAME	REPENSKI, JR	
STREET ADDRESS	1553 NORTHWEST 121ST DRIVE	
CITY-STATE-ZIP	CORAL SPRINGS FL 33071	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

U000000793713
01/25/08-80021-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mattaco, Inc. Gilbert R. Boutin* **GILBERT R. BOUTIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR