2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J97062

1. Entity Name

EDSEL F. MATTHEWS, JR., P.A.



FILED
May 05, 2008 08:00 AN
Secretary of State

Principal Place of Business

% EDSEL F. MATTHEWS JR 308 S. JEFFERSON ST. PENSACOLA, FL 32501 Mailing Address

% EDSEL F. MATTHEWS JR 308 S. JEFFERSON ST. PENSACOLA, FL 32501



DO NOT WRITE IN THIS SPACE

 04252008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired See Required

6. Name and Address of Current Registered Agent

MATTHEWS, EDSEL F. JR 308 S. JEFFERSON ST. PENSACOLA, FL 32501

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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|---|---|--|-----------------|------------------------------|--|
| | named entity submits this statement for the plions of registered agent. | ourpose of changing its registere | d office or r | registered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent and title | f applicable. (NOTE Registered | Agent signature | s required when reinstating) | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | U00000947553 06/02/08-80019-018 150.00 |
| 10. | OFFICERS AND DIREC | CTORS | | | <u></u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MATTHEWS, EDSEL F. JR 308 S. JEFFERSON ST. PENSACOLA, FL | ; | | | • |
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| CITY-ST-ZIP | ्र ७७८८ अपन्य मृह्य सुर | | | • | er e |

12. I hereby certify that the information supplied with this filling 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.

G OFFICER OR DIRECTOR

SIGNATURE AND TYPED ON PRINTED NAME OF