


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90008 001 \*\*\*150.00

<b>DOCUMENT # L37897</b> 1. Entity Name <b>MATHERS ELECTRIC COMPANY, INC.</b>			
Principal Place of Business <b>3964-5 CENTURY PARK CIR S TALLAHASSEE, FL 32304</b>		Mailing Address <b>3964-5 CENTURY PARK CIR S TALLAHASSEE, FL 32304 US</b>	
2. Principal Place of Business - No P.O. Box # <b>4834 Corlett St.</b>		3. Mailing Address <b>4834 Corlett St.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>	
Zip <b>32303</b>		Zip <b>32303</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-2979619</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MATHERS, JOHN M 3964 S CENTURY PARK CIRCLE S TALLAHASSEE, FL 32304</b>		7. Name and Address of New Registered Agent Name <b>John M. Mathers</b> Street Address (P.O. Box Number is Not Acceptable) <b>4834 Corlett St.</b> City <b>Tallahassee</b> FL Zip Code <b>32303</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MATHERS, JOHN M 1200 BORDEN LANE WHIGHAM, GA 31797 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP John M. Mathers 1522 Midway Rd. Cairo, GA 39828 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MATTERS, JOHN M 1522 MIDWAY RD CAIRO, GA 39828 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>John M Mathers</b>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>John M Mathers</b>	
Date		Daytime Phone # <b>850-576-2342</b>	