


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

(For
2006)

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90040 001 ***150.00

DOCUMENT # L77659	
1. Entity Name R.L. MATHEWS QUALITY CONSTRUCTION INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11728 N. Marjory Ave. Suite, Apt. #, etc.	3. Mailing Address 11728 N. Marjory Ave. Suite, Apt. #, etc.
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CR2E034B (8/05)

City & State Tampa, Florida	City & State Tampa, Florida	4. FEI Number 65-0199585	Applied For <input type="checkbox"/> Not Applicable
Zip 33612	Country U.S.A.	Zip 33612	Country U.S.A.
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ROBERT L. MATHEWS
Street Address (P.O. Box Number is Not Acceptable) 11728 N. MARJORY AVE.
City TAMPA
FL
Zip Code 33612

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 _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT L. MATHEWS 11728 N. MARJORY AVE. TAMPA, FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ROBERT L. MATHEWS II 509 W. 127th AVE. TAMPA, FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Tom MATHEWS 10709 N. DIXON AVE. TAMPA, FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert Mathews II** (Vice President) 12-29-05 (813) 629-0269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #