2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State
04-29-2005 90223 008 ***150.00

DOCUMENT # L79643

1. Entity Name
CHARLES S. MATTHEWS INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
3290 LEJEUNE ROAD CORAL GABLES, FL 33134	3290 LEJEUNE ROAD CORAL GABLES, FL 33134

66019754

04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0197538
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MATTHEWS, CHARLES S.
3290 LE JEUNE ROAD
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MATTHEWS, CHARLES S.
STREET ADDRESS	3290 LEJEUNE RD.
CITY-ST-ZIP	CORAL GABLES, FL 331347103
TITLE	VP
NAME	MATTHEWS, CHARLES S
STREET ADDRESS	119 ANOKA AVE
CITY-ST-ZIP	BARRINGTON, RI 02806
TITLE	T
NAME	BRUCE J MATTHENS
STREET ADDRESS	6844 SW 66 AVE
CITY-ST-ZIP	MIAMI, FL
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

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: X Charles S. Matthews Pres. 5/23/05 305 441 1094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #