

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Feb 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L94000000625**

1. Entity Name

MATHEWS-FOSTER, L.C.



Principal Place of Business

Mailing Address

% WILLIAM SCOTT FOSTER  
909 MAR WALT DR., STE. 1014  
FT. WALTON BEACH FL 32547

% WILLIAM SCOTT FOSTER  
909 MAR WALT DR., STE. 1014  
FT. WALTON BEACH FL 32547



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

4. FEI Number

59-3289690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, WILLIAM S  
909 MAR WALT DR., STE. 1014  
FT. WALTON BEACH FL 32547

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 required when re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete  
NAME: FOSTER, WILLIAM S  
STREET ADDRESS: 909 MAR WALT DR., STE. 1014  
CITY-ST-ZIP: FT. WALTON BEACH FL 32547

TITLE: MGRM ☐ Delete  
NAME: MATHEWS, LYNNE F  
STREET ADDRESS: 909 MAR WALT DR., STE. 1014  
CITY-ST-ZIP: FT. WALTON BEACH FL 32547

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

☐ Change ☐ Addition  
U000000618779  
02/08/07-80043-023 50.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone