

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M91872

1. Entity Name
MATERIALS, INC.



Principal Place of Business

6251 44TH ST N
1921
PINELLAS PARK, FL 34665 US

Mailing Address

6251 44TH ST N
1921
PINELLAS PARK, FL 34665 US



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2906929

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHIERHOLZ, JOHN C.
6251 44TH ST N
SUITE 1921
PINELLAS PARK, FL 34665

**DO NOT WRITE
IN THIS SPACE**

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

John C. Schierholz

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/23/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000605554
01/30/07-80040-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	SCHIERHOLZ, JOHN C.
STREET ADDRESS	6251 44TH ST N 1921
CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	VD
NAME	DOYLE, GREGORY
STREET ADDRESS	6251 44TH ST N #1921
CITY-ST-ZIP	PINELLAS PARK, FL 33781
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 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:

John C. Schierholz
John C. Schierholz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/07

Daytime Phone #

727-527-2424