

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90306 014 \*\*\*150.00

DOCUMENT # P00000007637

1. Entity Name  
C.J. MATUKAITIS, INC.



Principal Place of Business  
CRESTWOOD RD  
ENGLEWOOD, FL 34223

Mailing Address  
~~PO BOX 1681~~  
ENGLEWOOD, FL 34295

44039387



2. Principal Place of Business

3. Mailing Address

809 Crestwood Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004

Chg-P

CR2E034 (10/03)

City & State

City & State

Englewood R

4. FEI Number

65-0977289

Applied For

Not Applicable

Zip

Country

Zip

Country

34223

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNAUF, MARK H  
686 N INDIANA STE B  
ENGLEWOOD, FL 34223

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 \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME MATUKAITIS, CHARLES J  
STREET ADDRESS ~~PO BOX 1681~~ 809 Crestwood Rd  
CITY-ST-ZIP ENGLEWOOD, FL ~~34295~~ 34223

TITLE VPT  
NAME MATUKAITIS, BETH  
STREET ADDRESS ~~PO BOX 1681~~ 809 Crestwood Rd  
CITY-ST-ZIP ENGLEWOOD, FL ~~34295~~ 34223

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/04 941-460-039X