


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000026334 1. Entity Name MATTHEWS AND BECK, INCORPORATED					
Principal Place of Business 23650 NE 154 PLACE ROAD FT MCCOY FL 32134			Mailing Address 23650 NE 154 PLACE ROAD FT MCCOY FL 32134		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3646939	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MATTHEWS, HERNY L. 23650 NE 154TH PL RD. FORT MC COY FL 32134				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May C Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, HENRY L 23650 NE 154 PLACE ROAD FT MCCOY FL 32134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11000004888889 04/17/06-80025-001 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BECK, DAVID A 9405 NE 305TH TERRACE SALT SPRINGS FL 32134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11000004888889 04/17/06-80025-001 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	

12. 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 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: Henry L Matthews **3-25-06** (352) 685-0507