


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90073 043 ***150.00

DOCUMENT # P00000038501	
1. Entity Name MATHUR, INC.	

Principal Place of Business 6206 MERRILL ROAD JACKSONVILLE, FL 32277	Mailing Address 6206 MERRILL ROAD JACKSONVILLE, FL 32277
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2. Principal Place of Business - No P.O. Box # 12894 CAPTIVA CT	3. Mailing Address 12894 CAPTIVA CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE	City & State JACKSONVILLE
Zip 32225	Country USA
Zip 32225	Country USA



04292007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3640286	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MATHUR, NALIN 6206 MERRILL ROAD JACKSONVILLE, FL 32277	
7. Name and Address of New Registered Agent Name: MATHUR, NALIN Street Address (P.O. Box Number is Not Acceptable): 12894 CAPTIVA CT City: JACKSONVILLE FL Zip Code: 32225	

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATHER, NALIN 12894 CAPTIVA CT. JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATHUR, DOLLY 12894 CAPTIVA CT JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: NALIN MATHUR, PRESIDENT X
Signature and typed or printed name of signing officer or director

Date: May 14, 2007 (904) 748-2613