

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000041260

FILED
Apr 09, 2004
Secretary of State

Entity Name: MATU OF M.C., INC.

Current Principal Place of Business:

649 ST LUCIE PIER
STUART, FL 34994

New Principal Place of Business:

649 ST LUCIE CRESCENT
STUART, FL 34994

Current Mailing Address:

401 E. OSCEOLA STREET
STUART, FL 34994

New Mailing Address:

FEI Number: 65-1022929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOUGE, HOWARD E JR.
401 E. OSCEOLA STREET
STUART, FL

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARMO, JOSEPH
Address: 649 ST. LUCIE CRESCENT
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: SALVATORI, ELIZABETH
Address: 649 ST. LUCIE CRESCENT
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: O'CONNOR, LORRAINE
Address: 649 ST. LUCIE CRESCENT
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: NEW, ROBIN
Address: 649 ST. LUCIE CRESCENT
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH MARMO

D

04/09/2004

Electronic Signature of Signing Officer or Director

_____ Date