2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000043373

Entity Name: MATZ MANAGEMENT CORPORATION

FILED Apr 16, 2004 Secretary of State

1800 SECOND STREET STE 714 4912 50TH AVE WEST SARASOTA, FL 34236 BRADENTON, FL 34210

Current Mailing Address: New Mailing Address:

1800 SECOND STREET STE 714 4912 50TH AVE WEST SARASOTA, FL 34236 BRADENTON, FL 34210

FEI Number: 65-1062994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NAMACK, WILLIAM H III 1800 SECOND STREET STE 714 SARASOTA, FL 34236

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S () Delete Title: P-VP (X) Change () Addition

 Name:
 NAMACK, WILLIAM H III
 Name:
 MATZ, PERRY M

 Address:
 1800 SECOND STREET STE 714
 Address:
 4912 50TH AVE WEST

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:
 BRADENTON, FL 34210

Title: P () Delete Title: S-T (X) Change () Addition

 Name:
 MATZ, P. MARSHALL
 Name:
 MATZ, CLARA J

 Address:
 3450 WILD OAK BAY BLVD
 Address:
 4912 50TH AVE WEST

 City-St-Zip:
 BRADENTON, FL 342104340
 City-St-Zip:
 BRADENTON, FL 34210

Title: VT (X) Delete Title: () Change () Addition

 Name:
 MATZ, CLARA J
 Name:

 Address:
 3450 WILD OAK BAY BLVD
 Address:

 City-St-Zip:
 BRADENTON, FL 342104340
 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: PERRY M MATZ P 04/16/2004