


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000070543**


1. Entity Name  
**MATILLIJA, INC.**



Principal Place of Business  
**105 W 4TH ST.  
 PANAMA CITY, FL 32401**

Mailing Address  
**PO BOX 1359  
 PANAMA CITY, FL 32402**

**DO NOT WRITE IN THIS SPACE**



03042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3681643</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ISLER, CHARLES S III  
 434 MAGNOLIA AVE.  
 PANAMA CITY, FL 32401**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/AT MCCOY, S.A. P.O. BOX 1359 PANAMA CITY, FL 32402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST BROUWER, J.N. 434 DANA POINT AVE. VENTURA, CA 93004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/18/08-80059-015 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Dora G. McCoy* **4/7/08** **850-985-1418**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #