## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000007723

1. Entity Name

GEORGE W. MATHEWS III, P.A.



FILED Jan 28, 2005 08:00 AM Secretary of State

Principal Place of Business

1325 SO. CONGRESS AVENUE

SUITE 104 BOYNTON BEACH, FL 33426 Mailing Address

1325 SO. CONGRESS AVENUE

SUITE 104

BOYNTON BEACH, FL 33426



DO NOT WRITE IN THIS SPACE

 
 01242005
 No Chg-P
 CR2E034 (10/03)

 4. FE! Number 65-1071219
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

MATHEWS, GEORGE W III 1325 SO. CONGRESS AVENUE

6. Name and Address of Current Registered Agent

SUITE 104 BOYNTON BEACH, FL 33426

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the $\boldsymbol{\rho}$ ions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and tide	if applicable (NOTE, Registered	d Agent signature	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEWS, GEORGE W III 2580 AVENUE AU SOLEIL GULF STREAM, FL 33483				000000202253 01/28/05-80103-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, <del>-</del> .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		;				

12. I hereby certify that the information supplied with this filing does not qualify 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 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 air-officer like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

1/24/05

(561) 738 -5501

Daytime Phone #