

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000021080

1. Entity Name
MATHEWS OIL, INC.



Principal Place of Business
3099 W OAKLAND PARK BLVD
OAKLAND PARK, FL 33311

Mailing Address
3099 W OAKLAND PARK BLVD
OAKLAND PARK, FL 33311



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1084939

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATHEWS, MERLIN
3099 W OAKLAND PARK BLVD
OAKLAND PARK, FL 33311

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME MATHEWS, MERLIN
STREET ADDRESS 3099 W OAKLAND PARK BLVD
CITY-ST-ZIP OAKLAND PARK, FL 33311

TITLE D
NAME MATHEWS, ZACHARIAH P
STREET ADDRESS 3099 W OAKLAND PARK BLVD
CITY-ST-ZIP OAKLAND PARK, FL 33311

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01/13/04-80004-015 150.00

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

ZACHARIAH P. MATHEWS

01/09/04

9547144090

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #