

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90023 029 ***150.00

DOCUMENT # P01000036538

1. Entity Name

MATHEWS ENTERPRISES, INC.



Principal Place of Business

**6959 IDLEWYLDE CIR
W MELBOURNE FL 32904**

Mailing Address

**2264 SHELBY DRIVE
MELBOURNE FL 32934**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**6959 IDLEWYLDE CIRCLE
W. MELBOURNE, FL 32904**

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3720760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MATHEWS, MARK
2264 SHELBY DRIVE
MELBOURNE FL 32934**

7. Name and Address of New Registered Agent

Name **MARK MATHEWS**

Street Address (P.O. Box Number is Not Acceptable)

6959 IDLEWYLDE CIRCLE

City **W. MELBOURNE**

FL

Zip Code
32904

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 *Mark Mathews*
Signature, typed or printed name of registered agent and title if applicable.

MARK MATHEWS - PRESIDENT

04/12/04

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

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	PD MATHEWS, MARK 2264 SHELBY DRIVE MELBOURNE FL 32934	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSTD MATHEWS, WANDA 2264 SHELBY DRIVE MELBOURNE FL 32934	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MATHEWS, TERRY 5320 SAND LAKE DRIVE MELBOURNE FL 32934	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MARK MATHEWS 6959 IDLEWYLDE CIRCLE W. MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TERRY MATHEWS 7665 NORTHERN OAK STREET W. MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mark Mathews*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK MATHEWS

04/12/04

Date

321-784-0639

Daytime Phone #