2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2004 8:00 am Secretary of State **DOCUMENT # P01000055024** 04-07-2004 90337 032 ***150.00 1. Entity Name DONMATHEY, INC. Principal Place of Business Mailing Address CGOUUUFI 600 BYPASS DR. SUITE #202 PO BOX 1519 BRADENTON, FL 34206 CLEARWATER, FL 33764 2. Principal Place of Business 3. Mailing Address 611 MANATEE AUE. E Suite, Apt. #, etc. Suite, Apt. #, etc. 02182004 CR2E034 (10/03) Chq-P Applied For City & State City & State 4. FEI Number 59-3720163 Not Applicable BRADENTON, E Country Zip Country \$8.75 Additional 8. Certificate of Status Desired П 34208 Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONALD P. MATHEY MATHEY, DONALD P Street Address (P.O. Box Number is Not Adceptable) 611 MANATEE AUE, E. 11190 91ST TERR CLEARWATER, FL 33764 CHYBRADENTON 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 DANCE DOWALD P. MATTHEM 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition DONALD, MATERY NAME DONALD MATHEY 600 BYPASS DRIVE UIET 202 STREET ADDRESS STREET ADDRESS GIL MANATHE AVE E CITY-ST-ZIP CLEARWATER, FL 33764 CITY-ST-ZIP BRADENTON, FL 34208 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP == CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 logal 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.

2/19/04

(727) 580 -1 563

FILED