


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P02000020015</b>	
1. Entity Name <b>MATTHEW C. MAURO, INCORPORATED</b>	

Principal Place of Business <b>2845 MEADOW HILL DRIVE CLEARWATER, FL 33761</b>	Mailing Address <b>2845 MEADOW HILL DRIVE CLEARWATER, FL 33761</b>
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**DO NOT WRITE IN THIS SPACE**



03112008 No Chg-P CR2E034 (11/05)

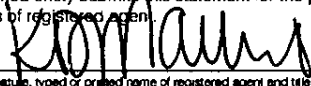
4. FEI Number <b>75-3058332</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MAURO, MATTHEW C  
2845 MEADOW HILL DRIVE  
CLEARWATER, FL 33761**

**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: **3.17.08**

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

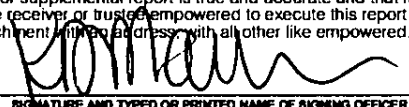
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000862649 04/03/08-80058-025 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAURO, MATTHEW C 2845 MEADOW HILL DRIVE CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS MAURO, KIMBERLY D 2845 MEADOW HILL DRIVE CLEARWATER, FL 33761
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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:  DATE: **3.17.08** 727.797.8138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR