

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000025084**

1. Entity Name  
**T-MAT CONSTRUCTION, INC.**



Principal Place of Business  
**40049 CR 452  
LEESBURG, FL 34788**

Mailing Address  
**PO BOX 350148  
GRAND ISLAND, FL 32735**



03292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3648902</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**

**MATYSKIELA, TRACY L  
40049 CR 452  
LEESBURG, FL 34788**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	MATYSKIELA, TRACY
STREET ADDRESS	40049 CR 452
CITY-ST-ZIP	LEESBURG, FL 34788

TITLE	VPS
NAME	MATYSKIELA, JOAN
STREET ADDRESS	40049 CR 452
CITY-ST-ZIP	LEESBURG, FL 34788

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/08-80021-011 150.00

**DO NOT WRITE  
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:** Joan Matyskiela  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08 (352) 266-1902  
Date Daytime Phone #