

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90005 018 \*\*\*150.00

<b>DOCUMENT # P02000036102</b>					
<b>1. Entity Name</b> <b>MATTHEW SCHOEPPPE, INC.</b>					
<b>Principal Place of Business</b> <b>1142 GROVE ST</b> <b>CLEARWATER, FL 33755</b>			<b>Mailing Address</b> <b>13190 MADISON AVE</b> <b>LARGO, FL 33773</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> <i>6625 Meadowbrook Lane</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>New Port Richey FL</i>		<b>4. FEI Number</b> <b>NOT APPLICABLE</b>	
Zip		Zip <i>34653</i>		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>SCHOEPPPE, NANETTE M</b> <b>13190 MADISON AVE</b> <b>LARGO, FL 33773</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
<b>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.</b>  SIGNATURE <i>Nanette M. Schoepppe</i> <i>Nanette M. Schoepppe</i> <span style="float: right;"><i>1/20/05</i></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHOEPPPE, NANETTE M 13190 MADISON AVE LARGO, FL 33773	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Schoepppe Nanette M</i> <i>6625 Meadowbrook Lane</i> <i>New Port Richey FL 34653</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S SCHOEPPPE, MATTHEW GLENN 13190 MADISON AVE LARGO, FL 33773		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE: <i>Nanette M. Schoepppe</i> <i>Nanette M. Schoepppe</i> <span style="float: right;"><i>727-859-0371</i></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					