2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
04-08-2005 90043 031 ***150.00

DOCUMENT # P02000088946

1. Entity Name
MATHEWS, INC.

Principal Place of Business	Mailing Address
13750 W. COLONIAL DRIVE SUITE 260 WINTER GARDEN, FL 34787	~~13750 W. COLONIAL DRIVE~~ PO BOX 161 ~~SUITE 260~~ OAKLAND, FL ~~WINTER GARDEN, FL 34787~~ 34760

DO NOT WRITE IN THIS SPACE

04012005 No Chg-P CR2E034 (10/03)

4. FEI Number
33-1019481
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MATHEWS, CAROLYN J
PO BOX 161
OAKLAND, FL 34760

310 E. HENSCHEN AVE,
OAKLAND, FL 34760

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLOOM, MELINDA
STREET ADDRESS	PO BOX 364
CITY-ST-ZIP	OAKLAND, FL 34760
TITLE	D
NAME	MATHEWS, CAROLYN J
STREET ADDRESS	310 EAST HENSCHEN AVE, PO BOX 161
CITY-ST-ZIP	OAKLAND, FL 34760
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Carolyn J Mathews 4/4/05 407/760-3184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

CAROLYN J MATHEWS