2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000096489

FURU, ROBERT

408 S KINGSWAY RD

SEFFNER, FL 33584

Name:

Address:

City-St-Zip:

Entity Name: MATHEWS HOLDING CORP

FILED May 01, 2005 Secretary of State

		NOTICEBING CONT.		
Current Principal Place of Business:			New Principal Place of Business:	
	TH KINGSWA` R, FL 33584	Y ROAD		
Current Mailing Address:			New Mailing Address:	
	TH KINGSWA` R, FL 33584	Y ROAD		
FEI Number	: 05-0529733	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:
500 NORT SUITE 101		, P.A. DRE BOULEVARD		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
		93(2)(b), F.S., the corporation did n ng Trust Fund Contribution ().	ot receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ALIFFI, OTTA	GREEN BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MATHEWS, M 5449 SALTAN		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T (WROBEL, KE 917 LAKEMOI BRANDON, FL	NT HILLS AVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	V () Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KEVIN WROBEL T 05/01/2005