


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90052 010 ***150.00

DOCUMENT # P02000111432

1. Entity Name
MATHEWS PROPERTIES & DEVELOPMENT, INC.



Principal Place of Business
**1100 NORTH MAIN ST
SUITE B
KISSIMMEE, FL 34744 US**

Mailing Address
**PO BOX 701323
SAINT CLOUD, FL 34770 US**

2. Principal Place of Business - No P.O. Box #
1100 North Main St

3. Mailing Address
PO Box 701323

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.

City & State
Kissimmee, FL

City & State
ST CLOUD, FL

Zip
34744

Country
US

Zip
34770

Country
US

03062007 Chg-P CR2E034 (12/06)

4. FEI Number
27-0034414

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HOWSE, RONALD S
1100 NORTH MAIN ST
SUITE B
KISSIMMEE, FL 34744**

7. Name and Address of New Registered Agent

Name
HOWSE, Ronald S.

Street Address (P.O. Box Number is Not Acceptable)
1100 North Main St

Suite A
Suite A

City
Kissimmee

FL
FL

Zip Code
34744

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWSE, RONALD S 1100 NORTH MAIN ST SUITE B KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President HOWSE, Ronald S. PO BOX 701323 ST CLOUD, FL 34770 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____

4-2007 407.709 802