

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90030 036 ***150.00

DOCUMENT # P02000113025

1. Entity Name
MATHERS PROPERTIES, INC.



Principal Place of Business
6969 SE 30TH ST.
TRENTON, FL 32693

Mailing Address
P.O. BOX 668
TRENTON, FL 32693

94046915

2. Principal Place of Business
3603 NW 53rd Terr
Suite, Apt. #, etc.

3. Mailing Address
3603 NW 53rd Terr
Suite, Apt. #, etc.

03302004 Chg-P CR2E034 (10/03)

City & State
Gainesville FL
Zip **32606** Country **USA**

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Gainesville FL
Zip **32606** Country **USA**

4. FEI Number
APPLIED FOR 20-0031826
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VICKERS, JAMES W
6969 SE 30TH ST.
TRENTON, FL 32693

7. Name and Address of New Registered Agent

Name **Vickers, James W**
Street Address (P.O. Box Number is Not Acceptable)
3603 NW 53rd Terr
City **Gainesville** **FL** Zip Code **32606**

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: **James W. Vickers President** **4/3/04**
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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICKERS, JAMES W P.O. BOX 668 TRENTON, FL 32693	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O/T/S Vickers, James W 3603 NW 53rd Terr Gainesville, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.O. Matthews, Steven E. Jr. 3603 NW 53rd Terr Gainesville, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vickers, James W.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vickers, James W	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **James W. Vickers** **4/3/04** **352-317-8163**
Signature and typed or printed name of signing officer or director Date Daytime Phone #