

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90031 017 ***150.00

DOCUMENT # P02000113025

1. Entity Name
MATHERS PROPERTIES, INC.



Principal Place of Business
**3603 NW 53RD TERR.
GAINESVILLE, FL 32606**

Mailing Address
**3603 NW 53RD TERR.
GAINESVILLE, FL 32606**

40010334



DO NOT WRITE IN THIS SPACE

01252005 No Chg-P CR2E034 (10/03)

4. FEI Number
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
3603 NW 53RD TERR.
GAINESVILLE, FL 32606**

**DO NOT WRITE
IN THIS SPACE**

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

J. W. Vickers **James W. Vickers, President**

1/28/05

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDTS
VICKERS, JAMES W
3603 NW 53RD TERR.
GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MATTHEWS, STEVEN E JR.
3603 NW 53RD TERR.
GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

J. W. Vickers **James W Vickers**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05

Date

352 317 8163

Daytime Phone #