

## ANNUAL REPORT

DOCUMENT # P02000129296

1. Entity Name  
DUSTWAND, INC.

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90051 011 \*\*\*158.75

Principal Place of Business  
 6721 BOULEVARD OF CHAMPIONS  
 NORTH LAUDERDALE, FL 33068

Mailing Address  
 6721 BOULEVARD OF CHAMPIONS  
 NORTH LAUDERDALE, FL 33068



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142004

Chg-P

CR2E034 (10/03)

City &amp; State

City &amp; State

4. FEI Number

55-0810509

Applied For

Not Applicable

Zip

Country

Zip

Country

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

## 8. Name and Address of Current Registered Agent

BROWN, THOMAS G  
 406 OYSTER ROAD  
 NORTH PALM BEACH, FL 33408

## 7. Name and Address of New Registered Agent

Name

TOM B. MATHISON

Street Address (P.O. Box Number is Not Acceptable)

6721 Blvd of Champions

No. Lauderdale, FL 33068

City

FL

Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-14-04

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 P  
 NAME MATHISON, TOM B  
 STREET ADDRESS 6721 BOULEVARD OF CHAMPIONS  
 CITY-ST-ZIP NORTH LAUDERDALE, FL 33068 ☐ Delete

TITLE VP  
 NAME MUTNICK, ROBERT E  
 STREET ADDRESS 4000 WOODSIDE DRIVE, #2  
 CITY-ST-ZIP CORAL SPRINGS, FL 33065 ☒ Delete

TITLE VP  
 NAME WOLFF, JOSEPH D  
 STREET ADDRESS 6721 BOULEVARD OF CHAMPIONS  
 CITY-ST-ZIP NORTH LAUDERDALE, FL 33068 ☐ Delete

TITLE SEC  
 NAME MUTNICK, ROBERT E  
 STREET ADDRESS 4000 WOODSIDE DRIVE, #2  
 CITY-ST-ZIP CORAL SPRINGS, FL 33065 ☒ Delete

TITLE TRES  
 NAME WOLFF, JOSEPH D  
 STREET ADDRESS 6721 BOULEVARD OF CHAMPIONS  
 CITY-ST-ZIP NORTH LAUDERDALE, FL 33068 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TRES  
 NAME MATHISON TOM B.  
 STREET ADDRESS 6721 Blvd of Champions  
 CITY-ST-ZIP NO. LAUDERDALE, FL 33068 ☒ Change ☐ Addition

TITLE Sec  
 NAME V.P.  
 STREET ADDRESS Joseph D  
 CITY-ST-ZIP 6721 Blvd of Champions  
 NO. LAUDERDALE, FL 33068 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #