

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90033 025 ***150.00

DOCUMENT # P03000013150

1. Entity Name
LESTER MATHES FRAMING & DECKING INC.



Principal Place of Business

1060 EAST NORMANDY BLVD.

DELTONA, FL 32725

122 Highland Dr.

Deltona FL 32738

Mailing Address

1060 EAST NORMANDY BLVD.

DELTONA, FL 32725

122 Highland Dr. 32738



03162005

No Chg-P

CR2E034 (10/03)

4. FEI Number

06-1679288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MATHES, LESTER

1060 EAST NORMANDY BLVD.

DELTONA, FL 32725

122 Highland Dr.

Deltona FL 32738

**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

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	PS MATHES, LESTER P. O. BOX 391583 DELTONA, FL 32739
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARCOTT, MICHAEL J P. O. BOX 391583 DELTONA, FL 32739
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TAYLOR, JESSE P. O. BOX 391583 DELTONA, FL 32739
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/05

Date

(407) 443-5775

Daytime Phone #