


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91220 004 ***150.00

DOCUMENT # P03000034205			
1. Entity Name MATHEUS CONSTRUCTION, CORP.			
Principal Place of Business 955 AIRPORT RD. 1521 DESTIN FL 32541 US		Mailing Address 955 AIRPORT RD. 1521 DESTIN FL 32541 US	
2. Principal Place of Business 40 Hidden Harbor LN Suite, Apt. #, etc.		3. Mailing Address 40 HIDDEN HARBOR LN Suite, Apt. #, etc.	
City & State MIRAMAR Bch, FL Zip 32550 Country USA		City & State MIRAMAR Bch, Florida Zip 32550 Country USA	



MOORE CR2E034 (11/03)

4. FEI Number 86-1054170		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOINER, LARA Y 955 AIRPORT RD. 1521 DESTIN FL 32541		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <i>Lara Y Joiner</i> DATE <i>April 30, 2004</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOINER, LARA Y 955 AIRPORT RD. # 1521 DESTIN FL 32541 <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 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: *Lara Y Joiner* **LARA Y JOINER** *April 30, 2004* **850-650-0864**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #