

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90019 046 \*\*\*150.00

<b>DOCUMENT # P03000064036</b>					
<b>1. Entity Name</b> MATKION, INC.					
<b>Principal Place of Business</b> 5656 COUNTRY LAKES DR SARASOTA, FL 34243			<b>Mailing Address</b> 5656 COUNTRY LAKES DR SARASOTA, FL 34243		
<b>2. Principal Place of Business</b> 5656 Country Lakes Drive Suite, Apt. #, etc.		<b>3. Mailing Address</b> 5656 Country Lakes Drive Suite, Apt. #, etc.			
<b>City &amp; State</b> Sarasota, Florida		<b>City &amp; State</b> Sarasota, Florida		<b>4. FEI Number</b> 65-1191307	
<b>Zip</b> 34243-3805		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LANGDON, ALLEN E 125 FIRST AVE NOKOMIS, FL 34275			<b>7. Name and Address of New Registered Agent</b> Name <b>Allen E. Langdon, Ph.D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>125 First Avenue</b> City <b>Nokomis</b> <b>FL</b> <b>34275-4242</b>		
<b>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.</b> SIGNATURE <u><i>Allen E. Langdon</i></u> <span style="float: right;">August 20, 2004</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>MATTACCHIONE, LARRY F SR.</b> 5656 COUNTRY LAKES DR SARASOTA, FL 34243		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D, P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Mattacchione, Larry F., Sr.</b> 5656 Country Lakes Drive Sarasota, FL 34243-3805	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>MATTACCHIONE, SHIRLEY E</b> 5656 COUNTRY LAKES DR SARASOTA, FL 34243		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D, VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Mattacchione, Larry F., Jr.</b> 5656 Country Lakes Drive Sarasota, FL 34243-3805	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>MATTACCHIONE, LARRY F</b> 5656 COUNTRY LAKES DR SARASOTA, FL 34243		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D, S, T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Mattacchione, Shirley E.</b> 5656 Country Lakes Drive Sarasota, FL 34243-3805	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u><i>Larry Mattacchione</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			August 20, 2004 <small>Date Daytime Phone #</small>		

Attachment  
24080805

August 20, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: Annual Corporate Filing

To Whom It May Concern:

Could you please see it in your heart to relieve the late penalty due to the fact that I did ~~not receive the postcard that you sent out? My accountant has informed me that I have~~ not paid the annual fee and sent in the revised form. I'm sorry for this oversight and my accountant assures me that he will now be tracking to make sure that all of the corporations that he works on will file the proper annual reports with fees in the future.

Thank you in advance for your consideration on this matter.

Sincerely,



Matkion, Inc.

Document Number P03000064036

Larry F. Mattacchione, Sr. - President

5656 Country Lakes Drive

Sarasota, FL 34243-3805