

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070194

FILED
Apr 29, 2008
Secretary of State

Entity Name: A MATTER OF CONVENIENCE, INC.

Current Principal Place of Business:

2799 N US HIGHWAY 1 NORTH
FT. PIERCE, FL 34946 US

New Principal Place of Business:

Current Mailing Address:

2545 JERNIGAN ROAD
FT. PIERCE, FL 34945 US

New Mailing Address:

FEI Number: 20-0055765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRINKWATER, CHARLES H
2545 JERNIGAN ROAD
FT. PIERCE, FL 34945 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DRINKWATER, CHARLES H
Address: 2545 JERNIGAN ROAD
City-St-Zip: FORT PIERCE, FL 34945 US

Title: VP () Delete
Name: VERNON, LEONARD
Address: 4110 N.W. 58TH STREET
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: SEC (X) Delete
Name: DRINKWATER, SARI
Address: 2545 JERNIGAN ROAD
City-St-Zip: FORT PIERCE, FL 34945 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DRINKWATER, SARI
Address: 2545 JERNIGAN ROAD
City-St-Zip: FORT PIERCE, FL 34945 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARI DRINKWATER

VP

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date