

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90015 043 ***150.00

DOCUMENT# P03000097040

1. Entity Name

MATTHEW STUCCO OF SW FLA INC



Principal Place of Business

1872 40TH TERR. SW
NAPLES FL 34116

Mailing Address

1872 40TH TERR SW
NAPLES FL 34116

2. Principal Place of Business - No P.O. Box #

1431 29th ST SW

3. Mailing Address

1431 29th ST SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34117

Country

USA

Zip

34117

Country

4. FEI Number

20-0197083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATTHEW, HENRICK
1872 40TH TERR SW
NAPLES FL 34116

7. Name and Address of New Registered Agent

Name MATTHEW, HENRICK
Street Address (P.O. Box Number is Not Acceptable)
1431 29th ST SW
City NAPLES FL Zip Code 34117

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MATTHEW, HENRICK	
STREET ADDRESS	1872 40TH TERR SW	
CITY-STATE-ZIP	NAPLES FL 34116	
TITLE	SECT	<input type="checkbox"/> Delete
NAME	MATTHEW, LEONA	
STREET ADDRESS	1872 40TH TERR SW	
CITY-STATE-ZIP	NAPLES FL 34116	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MATTHEW, DENNIE	
STREET ADDRESS	1872 40TH TERR SW	
CITY-STATE-ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MATTHEW, HENRICK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1431 29 th ST SW	
STREET ADDRESS	NAPLES FL 34117	
CITY-STATE-ZIP		
TITLE	MATTHEW, LEONA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1431 29 th ST SW	
STREET ADDRESS	NAPLES FL 34117	
CITY-STATE-ZIP		
TITLE	VP MATTHEW, DENNIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07 239-455-4200

Date

Daytime Phone #