

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/31

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-03-2004 91070 026 ***150.00

DOCUMENT # P03000128468

1. Entity Name
MATT'S AMERICAN ENTERPRISES, INC.



Principal Place of Business
**425 W. CHURCH STREET
DELAND, FL 32720**

Mailing Address
**425 W. CHURCH STREET
DELAND, FL 32720**

66426997



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0393863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PAGE, MATTHEW
425 W. CHURCH STREET
DELAND, FL 32720**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00.**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PAGE, MATTHEW	
STREET ADDRESS	425 W. CHURCH STREET	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PAGE, NOREEN	
STREET ADDRESS	425 W. CHURCH STREET	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Noreen Page*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

386-734-4231

Daytime Phone #