

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 02, 2004 8:00 am
Secretary of State

01-09-2004 90067 005 ***150.00

DOCUMENT # P03000130394 1. Entity Name MATTESON GRILLS, INC.					
Principal Place of Business 6404 NORTH 9TH AVE PENSACOLA, FL 32504			Mailing Address 1301 W GARDEN ST PENSACOLA, FL 32501		
2. Principal Place of Business Suite, Apt. #, etc.: City & State: Zip: Country:		3. Mailing Address Suite, Apt. #, etc.: City & State: Zip: Country:			
4. FEI Number 54-3396665				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BASS AND SANDFORT ACCOUNTANTS PA 1301 W GARDEN ST PENSACOLA, FL 32501			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 also if applicable. (NOTE: Registered Agent signatures required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D P MATTESON, DAVID 6404 N 9TH AVE PENSACOLA, FL 32504 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D V P MATTESON, SUNDAE 6404 N 9TH AVE PENSACOLA, FL 32504 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Tracy Bruce D S 6404 N 9TH AVE PENSACOLA FL 32504 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Ron Hill D T 6404 N 9TH AVE PENSACOLA FL 32504 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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.					
SIGNATURE: <u><i>David A. Matteson</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1-7-04 Daytime Phone #: 850 4764444		

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