

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000139041

1. Entity Name
MTM SERVICES OF NORTH FLORIDA, INC.



FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90026 009 ***150.00

Principal Place of Business
287 SW KEGEL WAY
LAKE CITY, FL 32024

Mailing Address
287 SW KEGEL WAY
LAKE CITY, FL 32024



03282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0438930

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MATHENEY, MICHAEL DUANE
~~ROUTE 1 BOX 212-14~~ 287 SW. Kegel Way
LAKE CITY, FL 32024

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MATHENEY, MICHAEL DUANE
STREET ADDRESS	287 SW KEGEL WAY
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	ST
NAME	MATHENEY, ANGELINA ANGELES
STREET ADDRESS	287 SW KEGEL WAY
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	D
NAME	MATHENEY, WILLIAM THOMAS
STREET ADDRESS	ROUTE 26 BOX 599-2
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Michael D. Matheny / Michael D. Matheny*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-05

386-961-8659

Date

Daytime Phone #