2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 08, 2005
Secretary of State

DOCUMENT# P03000142773

Entity Name: D. MATHENY, INC.

Current Principal Place of Business:

3710 CROSSING CREEK BLVD.
ST. CLOUD, FL 34772

New Principal Place of Business:

5381 ALLIGATOR LAKE ROAD
ST. CLOUD, FL 34772

Current Mailing Address:

3710 CROSSING CREEK BLVD.
ST. CLOUD, FL 34772

New Mailing Address:

5381 ALLIGATOR LAKE ROAD
ST. CLOUD, FL 34772

FEI Number: 20-0441566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MATHENY, SUZANNE Y
3710 CROSSING CREEK BLVD.
ST. CLOUD, FL 34772 US

Name and Address of New Registered Agent:

MATHENY, SUZANNE Y
5381 ALLIGATOR LAKE ROAD
ST. CLOUD, FL 34772 US

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: SUZANNE Y MATHENY 02/08/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MATHENY, DEREK S
Address: 3710 CROSSING CREEK BLVD.
City-St-Zip: ST. CLOUD, FL 34772

Title: D ( ) Delete
Name: MATHENY, SUZANNE Y
Address: 3710 CROSSING CREEK BLVD.
City-St-Zip: ST. CLOUD, FL 34772

Title: D ( ) Delete
Name: MATHENY, BILLY S
Address: 4899 ROBIN DRIVE
City-St-Zip: ST. CLOUD, FL 34772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MATHENY, DEREK S
Address: 5381 ALLIGATOR LAKE ROAD
City-St-Zip: ST. CLOUD, FL 34772

Title: D (X) Change ( ) Addition
Name: MATHENY, SUZANNE Y
Address: 5381 ALLIGATOR LAKE ROAD
City-St-Zip: ST. CLOUD, FL 34772

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUZANNE Y MATHENY D 02/08/2005
Electronic Signature of Signing Officer or Director Date