

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**


04-26-2004 91037 031 \*\*\*150.00

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MOORE CR2E034 (11/03)

<b>DOCUMENT # P03000142850</b>					
1. Entity Name <b>MICHAEL MATHIS REPAIRS &amp; INSTALLATION, INC.</b>					
Principal Place of Business <b>16390 SW 60TH PLACE OCALA FL 34481</b>			Mailing Address <b>P.O. BOX 2355 DUNNELLON FL 34430</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>20-0458546</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MATHIS, MICHAEL 16390 SW 60TH PLACE OCALA FL 34481</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE _____ NAME <b>DP</b> STREET ADDRESS <b>MATHIS, MICHAEL</b> CITY-ST-ZIP <b>16390 SW 60TH PLACE OCALA FL 34481</b>			TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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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: <i>Michael Mathis</i>			4/23/04 352-259-8455		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		