

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90005 049 ***150.00

DOCUMENT # P03000144878					
1. Entity Name MATTHEW KHOLOS INC					
Principal Place of Business 6956 80TH AVE N PINELLAS PARK, FL 33781			Mailing Address 6956 80TH AVE N PINELLAS PARK, FL 33781		
2. Principal Place of Business - No P.O. Box # 10856 96 St N Suite, Apt. #, etc.		3. Mailing Address 10856 96 St N Suite, Apt. #, etc.			
City & State Largo FL		City & State Largo FL		4. FEI Number 20-0442441	
Zip 33773		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KHOLOS, MATTHEW 6956 80TH AVE N PINELLAS PARK, FL 33781			7. Name and Address of New Registered Agent Name: Matthew M Kholos Street Address (P.O. Box Number is Not Acceptable): 10856 96 St N City: Largo FL Zip Code: 33773		
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: <u>Matthew M Kholos</u> DATE: <u>3-18-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: KHOLOS, MATHEWW STREET ADDRESS: 6956 80TH AVE N CITY-ST-ZIP: PINELLAS PARK, FL 33781	<input type="checkbox"/> Delete		TITLE: Matthew Kholos NAME: Matthew Kholos STREET ADDRESS: 10856 96 St N CITY-ST-ZIP: Largo FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Matthew M Kholos</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3-18-07</u>		Daytime Phone #: <u>727-686-4254</u>