

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90001 043 \*\*\*150.00

**DOCUMENT # P03000146515**

1. Entity Name  
**MATTHEWS ELECTRIC, INC.**



Principal Place of Business  
**ROUTE 6, BOX 384-J  
LAKE CITY, FL 32025**

Mailing Address  
**POST OFFICE BOX 1911  
LAKE CITY, FL 32056**

**50003358**



2. Principal Place of Business  
**202 SE CEDAR LOOP**

3. Mailing Address  
Suite, Apt. #, etc.

01112005 Chg-P CR2E034 (10/03)

City & State  
**LAKE CITY FL**

City & State

4. FEI Number  
**20-0473496**

Applied For  
Not Applicable

Zip  
**32025**

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**MATTHEWS, MARCUS J  
ROUTE 6, BOX 384-J  
LAKE CITY, FL 32025**

**7. Name and Address of New Registered Agent**

Name  
**MATTHEWS, MARCUS J**

Street Address (P.O. Box Number is Not Acceptable)  
**202 S.E. CEDAR LOOP**

City **LAKE CITY** FL Zip Code **32025**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MATTHEWS, MARCUS J  
ROUTE 6, BOX 384-J  
LAKE CITY, FL 32025** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MATTHEWS, MARCUS J  
202 S.E. CEDAR LOOP  
LAKE CITY, FL 32025** ☒ Change ☐ Addition ADDRESS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Marcus James Matthews* **MARCUS JAMES MATTHEWS** **PRESIDENT** **1-11-05** **386-344-2029**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #