## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Jan 25, 2005 8:00 am Secretary of State DOCUMENT # P04000019174 1. Entity Name 01-25-2005 90033 019 \*\*\*150.00 MATT'S MAINTENANCE, INC. Principal Place of Business Mailing Address 3307 18TH AVENUE WEST 3307 18TH AVENUE WEST 40005647 **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERRY, MATTHEW W Street Address (P.O. Box Number is Not Acceptable) 3307 18TH AVENUE WEST **BRADENTON FL 34205** 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PVST** TITLE TITLE ☐ Change Addition ☐ Defete PERRY, MATTHEW W NAME NAME 3307 18TH AVENUE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP TITLE ☐ Delete THILE ☐ Change Addition PERRY, MATTHEW W NAME NAME 3307 18TH AVENUE WEST STREET ADDRESS STREET ADDRESS CITY+ST-ZIP BRADENTON FL 34205 CITY-ST-ZIP TITLE HILE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP CHY-ST-7IP 12. Thereby certify that the information supplied with this filling 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 in

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

FILED