2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000063006

1. Entity Name
MATRIX CUSTOM HOMES OF NAPLES, INC.

Principal Place of Business	Mailing Address
1228 DIANA AVENUE NAPLES, FL 34103	P.O. BOX 10853 NAPLES, FL 34101

DO NOT WRITE IN THIS SPACE

01262006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0963587	Not Applicable

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

6. Name and Address of Current Registered Agent

OWENS, MARK VANCE
1228 DIANA AVE
NAPLES, FL 34103

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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, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	OWENS, MARK VANCE
STREET ADDRESS	~~1009 FRANK WHITEMAN BLVD.~~ *1228 Diana Ave.*
CITY-ST-ZIP	NAPLES, FL 34103

TITLE	SD
NAME	UZUPES, VANESSA M
STREET ADDRESS	1228 DIANA AVENUE
CITY-ST-ZIP	NAPLES, FL 34103

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _Mark Owens_ _Pres._   _4/21/06_   _239-777-6200_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #