2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000117727

1. Entity Name
MATRIARCH PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3914 W. 26TH STREET PANAMA CITY, FL 32405	3914 W. 26TH STREET PANAMA CITY, FL 32405

DO NOT WRITE IN THIS SPACE

04112006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1522632
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GLEASON, BOBBY JO
9401 HUBBARD RD
PANAMA CITY, FL 32409

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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	CEO
NAME	LEWIS, CARTHELL JR
STREET ADDRESS	3914 W. 26TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	PD
NAME	BENEFIELD, JOHNNY
STREET ADDRESS	918 WASHINGTON BLVD
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	VD
NAME	LEWIS, JOLYNN
STREET ADDRESS	3914 W. 26TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	VD
NAME	BENEFIELD, VIKI
STREET ADDRESS	918 WASHINGTON BLVD
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	STD
NAME	GLEASON, BOBBI JO
STREET ADDRESS	9401 HUBBARD ROAD
CITY-ST-ZIP	SOUTHPORT, FL 32409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/06-80097-010 150.00

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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: Bobbi Jo Gleason Bobbi Jo Gleason 4/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

850-527-4538