


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000145040 1. Entity Name MATTIS PROPERTIES INC.	
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Principal Place of Business 1745 US HWY 27 S SEBRING, FL 33870 US	Mailing Address 1745 US HWY 27 S SEBRING, FL 33870 US
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DO NOT WRITE IN THIS SPACE



02252008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1793738	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCLEAN, MARK V
1745 US HWY 27 S
SEBRING, FL 33870**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000870120
04/09/08-80076-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLEAN, MARK V 1745 US HWY 27 S SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STONE, JOHN E 1745 US HWY 27 S SEBRING, FL 33870
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **3/24/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #