

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000067006

1. Entity Name
MATE LINE INC



Principal Place of Business
**7885 BOCA CIEGA DRIVE
ST. PETERSBURG BEACH, FL 33706**

Mailing Address
**7885 BOCA CIEGA DRIVE
ST. PETERSBURG BEACH, FL 33706**



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1250316	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

**WILLIAMS, SHERRI
7885 BOCA CIEGA DRIVE
ST. PETERSBURG BEACH, FL 33706**

**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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000909025
05/06/08-80054-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS WILLIAMS, SHERRI 7885 BOCA CIEGA DR. ST. PETERSBURG BEACH, FL 33706
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, SHERRI 7885 BOCA CIEGA DR. ST. PETERSBURG BEACH, FL 33706
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DAVE 7885 BOCA CIEGA DR. SAINT PETERSBURG, FL 33706
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sherr Williams **Sherr Williams** 4/14/08 363 6933