FILED
Mar 09, 2006 8:00 am
Secretary of State

02-23-2006 90017 045 ***150.00

66004245

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000079668

1. Entity Name
MATTHEW AND MATTHEW, INC.

Principal Place of Business	Mailing Address
631 LAUREL OAK LANE UNIT 105 ALTAMONTE SPRINGS, FL 32701 US	631 LAUREL OAK LANE UNIT 105 ALTAMONTE SPRINGS, FL 32701 US

02162006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 35-2256868 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MATTHEW, JEFF
631 LAUREL OAK LANE
UNIT 105
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTHEW, LUANNE W 631 LAUREL OAK LANE, UNIT 105 ALTAMONTE SPRINGS, FL 32701 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X LuAnne W. Matthew X 2/17/06 X 407.617.0760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
166254245
#P05000079468

Matthew and Matthew, Inc.

March 6, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Please find enclosed our 2006 Annual Report Form, complete with the missing Federal Employer Identification number.

If you have questions, please call 407.617.0760.

Sincerely,

LuAnne Walsh Matthew
President
Matthew & Matthew &, Inc.

P.O. Box 150205 ◆ Altamonte Springs, FL 32715-0205 ◆ 407.830.0978 ◆ lmatthew@cfl.rr.com

ATTACHMENT
600004245
#P05000079668

Matthew and Matthew, Inc.

February 18, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Please find enclosed our 2006 Annual Report Form and check #1161 in the amount of $150.

If you have questions, please call 407.617.0760.

Sincerely,

L. Matthew

LuAnne Walsh Matthew
Matthew & Matthew &, Inc.

P.O. Box 150205 • Altamonte Springs, FL 32715-0205 • 407.830.0978 • lmatthew@cfl.rr.com