

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000079668

Entity Name: MATTHEW AND MATTHEW, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

631 LAUREL OAK LANE
UNIT 105
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

631 LAUREL OAK LANE
UNIT 105
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 35-2256868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATTHEW, LUANNE W
Address: 631 LAUREL OAK LANE, UNIT 105
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MATTHEW, JEFFREY L
Address: 631 LAUREL OAK LANE, UNIT 105
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUANNE W. MATTHEW

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date