

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

01-31-2007 90033 043 ***150.00

DOCUMENT # P05000087063 1. Entity Name MATTHEW J BODE INCORPORATED																											
Principal Place of Business 9921 ISLOA WAY FT MYERS, FL 33913		Mailing Address 9921 ISLOA WAY FT MYERS, FL 33913																									
2. Principal Place of Business - No P.O. Box # SAME		3. Mailing Address 9148 Bonita Circle																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State 		City & State FT MYER FL																									
Zip 		Zip 33913																									
Country 		Country USA																									
4. FEI Number 57-1221382		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 BODE, MATTHEW J BODE 9921 ISLOA WAY FT MYERS, FL 33913		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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) <small>Signature, typed or printed name of registered agent and title if applicable</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 5%;">Delete</td> </tr> <tr> <td>NAME</td> <td>BODE, MATTHEW J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9921 ISLOA WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT MYERS, FL 33913</td> <td></td> </tr> </table>		TITLE	P	Delete	NAME	BODE, MATTHEW J		STREET ADDRESS	9921 ISLOA WAY		CITY-ST-ZIP	FT MYERS, FL 33913		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">Change</td> <td style="width: 10%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	Change	Addition	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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/17/07 (E) 595-8838 <small>Date Daytime Phone #</small>																									