

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000129584

FILED
Mar 22, 2006
Secretary of State

Entity Name: MATTHEWS INSURANCE AGENCY, INC.

Current Principal Place of Business:

14939 S. TAMIAMI TRAIL
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

14939 S. TAMIAMI TRAIL
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 20-3574878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MATTHEWS, SHARON
14939 S. TAMIAMI TRAIL
NORTH PORT, FL 34287 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: D () Delete
Name: MATTHEWS, SHARON
Address: 14939 S. TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MATTHEWS, SHARON
Address: 14939 S. TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

Title: S () Change (X) Addition
Name: MATTHEWS, STEVEN
Address: 14939 S TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON MATTHEWS

P

03/22/2006

Electronic Signature of Signing Officer or Director

Date