

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90050 034 ***150.00



DOCUMENT # P05000130882

1. Entity Name

MATIAS TRUCKING, INC.

Principal Place of Business

2950 PINE RIDGE CIRCLE
KISSIMMEE FL 34746
US

Mailing Address

2950 PINE RIDGE CIRCLE
KISSIMMEE FL 34746
US



2. Principal Place of Business - No P.O. Box #

1820 PLEASANT HILL RD
Suite, Apt. #, etc.

3. Mailing Address

1820 PLEASANT HILL RD
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

4. FEI Number

20-3524483

Applied For

Not Applicable

Zip

34746

Country

OSCEOLA

Zip

34746

Country

OSCEOLA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

AFFORDABLE TAX & ACCOUNTING SERVICES, INC.
10327 WINDING CREEK LANE
ORLANDO FL 32825

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

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME MATIAS, RAMON G ☐ Delete
STREET ADDRESS 2950 PINE RIDGE CIRCLE
CITY- ST- ZIP KISSIMMEE FL 34746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ramon G. Matias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07 (407)319-3409
Date Daytime Phone #