


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90002 006 ***158.75

DOCUMENT # P05000153900 1. Entity Name MATTHEW CHARLTON & CO, INC.					
Principal Place of Business 301 N CATTLEMEN ROAD #205 SARASOTA, FL 34232			Mailing Address 301 N CATTLEMEN ROAD #205 SARASOTA, FL 34232		
2. Principal Place of Business - No P.O. Box # 6723 DUCK POND LANE Suite, Apt. #, etc.			3. Mailing Address 6723 DUCK POND LANE Suite, Apt. #, etc.		
City & State SARASOTA, FL		City & State SARASOTA, FL		4. FEI Number 42-1701989	
Zip 34240		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHARLTON, AILENE M 301 N CATTLEMEN ROAD #205 SARASOTA, FL 34232				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 <u><i>AILENE CHARLTON</i></u> AILENE CHARLTON 02.26.07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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 CHARLTON, AILENE M 301 N CATTLEMEN ROAD #205 SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6723 DUCK POND LANE SARASOTA, FL 34240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>AILENE CHARLTON</i></u> AILENE CHARLTON 02.26.07 941-961-3507 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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