


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2007 8:00 am**  
**Secretary of State**

08-03-2007 90019 049 \*\*\*150.00

|  |  |   |
|--|--|---|
| DOCUMENT # P06000087807                        |  |  |
| 1. Entity Name<br>TJ MATSON CONSTRUCTION, INC. |  |   |

|   |  |
|---|--|
| Principal Place of Business<br>10442 WATER HYACINTH DR<br>ORLANDO, FL 32825 | Mailing Address<br><del>PO BOX</del> 12472 LAKE UNDERHILL RD #245<br>ORLANDO, FL 32828 |
|---|--|

|  |         |   |         |
|--|---------|---|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address<br>12472 LAKE UNDERHILL RD |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc.                           |         |
| City & State                                   |         | City & State<br>ORLANDO, FL                   |         |
| Zip  | Country | Zip<br>32828                                  | Country |



07092007 Chg-P CR2E034 (12/06)

|   |  |  |
|---|--|--|
| 4. FEI Number<br>20-5641596                               |  | Applied For<br><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<br>MATSON, TIMOTHY J<br>10442 WATER HYACINTH DR<br>ORLANDO, FL 32825 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
|--|--|--|--|

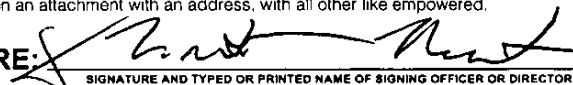
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |   |  |
|--|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 14, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | O<br>MATSON, TIMOTHY J<br>10442 WATER HYACINTH DR<br>ORLANDO, FL 32825 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_