

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000010477

1. Entity Name
PROMATRIX CORPORATION



Principal Place of Business

**5364 EHRLICH ROAD
SUITE 370
TAMPA, FL 33624 US**

Mailing Address

**5364 EHRLICH ROAD
SUITE 370
TAMPA, FL 33624 US**

DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3224198	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**LAWSON, JOSEPH E
5103 LANAI WAY
TAMPA, FL 33624**

**DO NOT WRITE
IN THIS SPACE**

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

Joseph E. Lawson

(NOTE: Registered Agent signature required when reinstating)

DATE

*Joseph E. Lawson
President*

4/19/2004

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000122437
114/21/04-80029-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAWSON, JOSEPH E
STREET ADDRESS	5103 LANAI WAY
CITY-ST-ZIP	TAMPA, FL

TITLE	V
NAME	SMITH, STEVEN E
STREET ADDRESS	5364 EHRLICH ROAD STE. 370
CITY-ST-ZIP	TAMPA, FL 33624

TITLE	STV
NAME	LAWSON, LISA M
STREET ADDRESS	5103 LANAI WAY
CITY-ST-ZIP	TAMPA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Joseph E. Lawson

*Joseph E. Lawson
President*

4/19/2004

(813) 960-7614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #