

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000033664

FILED  
Feb 20, 2007  
Secretary of State

Entity Name: MATHIAS CATASTROPHE SERVICES, INC.

**Current Principal Place of Business:**

2314 WINTER WOODS BLVD.  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 4097  
WINTER PARK, FL 327934097 US

**New Mailing Address:**

FEI Number: 59-3312979      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MONTY, MATHIAS F  
653 GREEN MEADOW AVE  
MAITLAND, FL 32751 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: PD ( ) Delete  
Name: MATHIAS, MONTY F  
Address: 653 GREEN MEADOWS AVE.  
City-St-Zip: MAITLAND, FL 32751

Title: VD ( ) Delete  
Name: KASAVAGE, WILLIAM J  
Address: 3223 LOWNDES DR  
City-St-Zip: WINTER PARK, FL 32792

Title: ST ( ) Delete  
Name: MATHIAS, JUDITH D  
Address: 653 GREEN MEADOW AVE  
City-St-Zip: MAITLAND, FL 32751

Title: VD ( ) Delete  
Name: MATHIAS, MONTY J  
Address: 1824 LOST PINE LN  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JUDITH D. MATHIAS

ST

02/20/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date