

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000033664

FILED  
Jan 17, 2011  
Secretary of State

**Entity Name:** MATHIAS CATASTROPHE SERVICES, INC.

**Current Principal Place of Business:**

2238 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

**OFFICERS AND DIRECTORS:**

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

Title: VD  
Name: KASAVAGE, WILLIAM J  
Address: 1245 LAKE MILLS RD  
City-St-Zip: CHULUOTA, FL 32766

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

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

I hereby 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 all other like empowered.

SIGNATURE: JUDITH D. MATHIAS

ST

01/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date