

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90031 005 ***158.75

DOCUMENT # P95000064208

1. Entity Name
MATTHEW TRANSPORT INC.



Principal Place of Business
**150 W. STATE RD 546
LAKE HAMILTON, FL 33851**

Mailing Address
**PO BOX 1477
HAINES CITY, FL 33845**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3331341

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PEARCE, KEVIN
150 COUNTY ROAD 546 W
LAKE HAMILTON, FL 33851**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> Delete
NAME	PEARCE, KEVIN
STREET ADDRESS	PO BOX 1477 N/A
CITY-ST-ZIP	HAINES CITY, FL 33845
TITLE	<input type="checkbox"/> Delete
NAME	VP
STREET ADDRESS	PEARCE, SUSAN H
CITY-ST-ZIP	P.O. BOX 1477 HAINES CITY, FL 33845
TITLE	<input type="checkbox"/> Delete
NAME	PEARCE, PATTY
STREET ADDRESS	PO BOX 1477 N/A
CITY-ST-ZIP	HAINES CITY, FL 33845
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pearce, Kevin
STREET ADDRESS	616 Goodsprings Rd.
CITY-ST-ZIP	Brentwood, TN 37027
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pearce, Susan H
STREET ADDRESS	616 Goodsprings Rd.
CITY-ST-ZIP	Brentwood, TN 37027
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST Pearce, Patty
STREET ADDRESS	273 Ruby Lake Lane
CITY-ST-ZIP	Winter Haven, FL 33884
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin Pearce
Kevin Pearce

Date

1-23-04

Daytime Phone #

615-376-6307