

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P97000050780

1. Entity Name
MATTHIS, INC.



Principal Place of Business

**247 CENTRAL AVE
ST PETERSBURG, FL 33701 US**

Mailing Address

**247 CENTRAL AVE
ST PETERSBURG, FL 33701 US**

DO NOT WRITE IN THIS SPACE



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3465107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOUVARD, FRANK
247 CENTRAL AVE
SAINT PETERSBURG, FL 33701**

**DO NOT WRITE
IN THIS SPACE**

B. 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**

000000123235
04/21/04-80061-021 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
ROUX, EMMANUEL
2519 DRIFTWOOD RD.
ST. PETERSBURG, FL 33705**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
BOUVARD, FRANK
6070 6TH AVE., NORTH
ST. PETERSBURG, FL 33710**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SPILMAN, DEREK A
4215 MILLER DRIVE
SAINT PETERSBURG, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROUX, DANIEL
2519 DRIFTWOOD RD.
SAINT PETERSBURG, FL 33705**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROUX, ALAIN
2519 DRIFTWOOD RD.
SAINT PETERSBURG, FL 33705**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

Date

727-8963800

Daytime Phone #