

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050780

Entity Name: MATTHIS, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

217 CENTRAL AVE
ST PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

217 CENTRAL AVE
ST PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 59-3465107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOUVARD, FRANK
217 CENTRAL AVE.
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

EMMANUEL, ROUX
2519 DRIFTWOOD RD.
SAINT PETERSBURG, FL 33705 US

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: EMMANUEL ROUX

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ROUX, EMMANUEL
Address: 2519 DRIFTWOOD RD.
City-St-Zip: ST. PETERSBURG, FL 33705

Title: VTD () Delete
Name: BOUVARD, FRANK
Address: 6070 6TH AVE., NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D () Delete
Name: SPILMAN, DEREK A
Address: 4215 MILLER DRIVE
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: D () Delete
Name: ROUX, DANIEL
Address: 2519 DRIFTWOOD RD.
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D () Delete
Name: ROUX, ALAIN
Address: 2519 DRIFTWOOD RD.
City-St-Zip: SAINT PETERSBURG, FL 33705

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: EMMANUEL ROUX

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date