2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000066210

1. Entity Name
J.J. MATEJKA & ASSOCIATES, INC.



FILED Jan 10, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

408 HARVEY AVE.

DAYTONA BEACH, FL 32118 US

408 HARVEY AVE.

DAYTONA BEACH, FL 32118



DO	NOT	WRITE	IN	THIS	SPACE
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01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3006748

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATEJKA, JOHN J III 408 HARVEY AVE. DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its re	egistered o	ffice or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: F	legistered Age	nt signature	required when reinstating)	OATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaigr Trust Fund Contrib		, 🗆	\$5.00 May Be Added to Fees	U00000778829 	
10.	OFFICERS AND DIRECTORS					, ar.r.aa aaara<u>a</u>ndo 190100 -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATEJKA, JOHN J III 408 HARVEY AVE. DAYTONA BEACH, FL 32118	,					
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

TITLE
NAME
STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

III Pres

1-7-08

386 252 7371

Daytime Phone #