## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P98000009374 1. Entity Name A.G. MATTIS ENTERPRISE, INC. Principal Place of Business Mailing Address 6250 W. OAKLAND BLVD 6801 BAYFRONT DR. SUNRISE, FL 33313 MARGATE, FL 33063 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0814636 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MATTIS, ASTON G SR. DO NOT WRITE 6801 BAYFRONT DR. MARGATE, FL 33063 IN THIS SPACE 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) U00000093486 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П 03/31/04-80007-019 150.m Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 1333 F MATTIS, ASTON G SR. STREET ADDRESS 6801 BAYFRONT DR. CRTY ST-ZIP MARGATE, FL 33063 SDV 31713 NAME MATTIS, VALRIE E STREET ADDRESS 6801 BAYFRONT DR. CITY-\$T-ZIP MARGATE, FL 33053 TITLE NALAT STREET ADDRESS DO NOT WRITE CITY-ST-ZIP THE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filting 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 it 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 507, 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 DISPETCH

TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3/29/04 (954)746-5255 Date Depline Phone 4

FILED Mar 31, 2004 08:00 AM