


03-15-2004 90076 037 \*\*\*150.00  
P98000017060

## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

|   |  |  |  |
|---|--|--|--|
| <b>DOCUMENT # P98000017060</b>  |  |   |  |
| 1. Entity Name<br><b>J K MATTHEWS INC</b>   |  |  |  |
| Principal Place of Business<br><b>107 MERRITT SQUARE<br/>MERRITT ISLAND, FL 32952</b>   |  | Mailing Address<br><b>107 MERRITT SQUARE<br/>MERRITT ISLAND, FL 32952</b>  |  |
| 2. Principal Place of Business<br><b>103 MERRITT SQ</b>   |  | 3. Mailing Address<br><b>103 MERRITT SQ</b>  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |
| City & State  |  | City & State   |  |
| Zip   | Country  | Zip  | Country  |
| 4. FEI Number<br><b>59-3512800</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><b>SCHLOSSENBERG, EULA M<br/>107 MERRITT SQUARE<br/>MERRITT ISLAND, FL 32952</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>103 MERRITT SQUARE</b><br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when transferring) _____ DATE _____  |  |  |  |
| Amended AR is \$61.25   |  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SCHLOSSENBERG, EULA M<br>107 MERRITT SQUARE<br>MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>103 MERRITT SQUARE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| 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: <i>Eula M. Schlossberg</i>   |  | 3/11/04 321-452-5770   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date Daytime Phone #   |  |

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TALLAHASSEE, FLORIDA

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