


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000023995 1. Entity Name S.J. MATONIS & CO., INC.	
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Principal Place of Business 13265 KIRBY SMITH ROAD ORLANDO, FL 32832	Mailing Address 13265 KIRBY SMITH ROAD ORLANDO, FL 32832
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04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3507777	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MATONIS, STEVE
28 WEST CENTRAL BOULEVARD
SUITE 300
ORLANDO, FL 32801

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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 remitting)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATONIS, STEVE 13265 KIRBY SMITH ROAD ORLANDO, FL 32832
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04/30/07-80027-012 150.00

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: Stephen J. Matonis **Stephen J. Matonis** 4-16-07 407-843-3377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #