2005 FOR PROFIT CORPORATION

FILED Jun 30, 2005 08:00 AM Secretary of State

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Catilde	loms.					i	ı

Principal Place of Business

Mailing Address

112 WEST CITRUS STREET ALTAMONTE SPRINGS, FL 32714

J. MICHAEL MATTHEWS, P.A.

112 WEST CITRUS STREET ALTAMONTE SPRINGS, FL 32714



DO NOT WRITE IN THIS SPAC	DO	NOT	WRITE	IN	THIS	SPA	CE
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06282005 No Chg-P CR2E034 (10/03)

4. FEi Number 59-3501933

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DULIN, RAMSEY

DO NOT WRITE

201 E PINE STREET SUITE 425 ORLANDO, FL 32801			IN THIS SPACE			
the obligati	named entity submits this statement for the ions of registered agent.	purpose of changing its registered	office or I	egistered agent, or bo	th, in the State of Florida. I am familiar with, and a	accept
SIGNATURE.	Signature, typed or printed name of registered agent and litt	e il applicable (NOTE Registered A	geni signatur	required when reinstating)	DATE	,,,
	LE NOW!!! FEE IS \$550.00 ue by September 7, 2005	9. Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees		• · · · · · · · · · · · · · · · · · · ·
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE D MATTHEWS, J M 690 DOMERICK DRIVE MAITLAND, FL 32751	CTORS			000000369879 06/30/05-80002-004 550.	no
TITLE NAME STREET ADDRESS CITY-ST-ZIP					UB/JU/US-8UUUZ-UU4 55U.	UU .
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	:
TITLE NAME STREET ADDRESS CITY - ST-ZIP			•	IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		, , , , , , , , , , , , , , , , , , ,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	•		!
12. I hereby of indicated of the cor	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower	filing does not qualify for the exem e and accurate and that my signatu ed to execute this report as require	ption state re shall had by Char	ed in Section 119.07(3) we the same legal effector 607. Florida Statut	(i), Florida Statutes, I further certify that the information as if made under oath, that I am an officer or dies, and that my name appears in Block 10 or Block.	ation rector

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED

President

6/28/05

407-682-4021

Daytime Phone #