

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P99000002438</b>					
<b>1. Entity Name</b> MATHEWS AND SONS, INC.					
<b>Principal Place of Business</b> 1920 MT. PLEASANT RD. QUINCY, FL 32352			<b>Mailing Address</b> 1920 MT. PLEASANT RD. QUINCY, FL 32352		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3549279	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MATHEWS, ANTHONY D RT 5 BOX 43C QUINCY, FL 32351			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATHEWS, ANTHONY 1920 MT PLEASANT RD QUINCY, FL 32351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500075029045 05/22/06--01047--004 **\$150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATHEWS, SR., HOWARD RT 4 BOX 1145 QUINCY, FL 32351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATHEWS, MARY 1920 MT. PLEASANT RD. QUINCY, FL 32351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATHEWS, JR., HOWARD RT 4 BOX 1145 QUINCY, FL 32351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLLMAN, LEE 2624 G W. TENNESSEE ST. TALLAHASSEE, FL 32304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ Date _____ Daytime Phone # _____					

**FILED**  
**06 MAY - 5 PM 4: 39**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



05052006 Chg-P CR2E034 (11/05)