



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P99000002438</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 - No P.O. Box # <b>2624 G-W. Tennessee St</b>		3. Mailing Address <b>2624 G-W. Tennessee St</b>		FILED 07 MAY -1 AM 8:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04302007 Chg-P CR2E034 (12/06)	
City & State <b>Tallahassee FL</b>		City & State <b>Tallahassee FL</b>		4. FEI Number <b>59-3549279</b>	
Zip <b>32304</b>		Country <b>Leon</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MATHEWS, ANTHONY D RT 5 BOX 43C QUINCY, FL 32351</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MATHEWS, ANTHONY</b> <b>1920 MT PLEASANT RD</b> <b>QUINCY, FL 32351</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MATHEWS, SR., HOWARD</b> <b>RT 4 BOX 1145</b> <b>QUINCY, FL 32351</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MATHEWS, MARY</b> <b>1920 MT. PLEASANT RD.</b> <b>QUINCY, FL 32351</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MATHEWS, JR., HOWARD</b> <b>RT 4 BOX 1145</b> <b>QUINCY, FL 32351</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HOLLMAN, LEE</b> <b>2624 G W. TENNESSEE ST.</b> <b>TALLAHASSEE, FL 32304</b> <input checked="" type="checkbox"/> Delete		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	
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>SIGNATURE:</b> 			<b>4/30/2007</b> Date Daytime Phone #		