



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P99000002438</b> 1. Entity Name <b>MATHEWS AND SONS, INC.</b>	
---	---

Principal Place of Business <b>2624 G W. TENNESSEE ST TALLAHASSEE, FL 32304</b>	Mailing Address <b>2624 G W. TENNESSEE ST TALLAHASSEE, FL 32304</b>
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

**FILED**  
**2008 MAY -1 AM 10:08**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



05012008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3549279</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MATHEWS, ANTHONY D RT 5 BOX 43C QUINCY, FL 32351</b>
--

<b>DO NOT WRITE IN THIS SPACE</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.

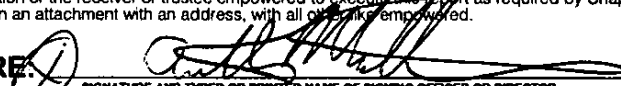
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATHEWS, ANTHONY 1920 MT PLEASANT RD QUINCY, FL 32351
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	S MATHEWS, MARY 1920 MT. PLEASANT RD. QUINCY, FL 32351
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>000129228520</b> <b>05/14/08--01003--007 **150.00</b>  <b>DO NOT WRITE IN THIS SPACE</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 officers, directors, and employees.

**SIGNATURE**  **5/1/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #