2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P99000002438

Entity Name: MATHEWS AND SONS, INC.

Current Principal Place of Business:

2624 G W. TENNESSSEE ST
TALLAHASSEE, FL 32304

New Principal Place of Business:

215 W JEFFERSON STREET
.QUINCY, FL 32351

Current Mailing Address:

2624 G W. TENNESSSEE ST
TALLAHASSEE, FL 32304

New Mailing Address:

215 W. JEFFERSON STREET
QUINCY, FL 32351

FEI Number: 59-3549279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATHEWS, ANTHONY D
RT 5 BOX 43C
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

MATHEWS, ANTHONY D
182 SPARKEL BERRY DR
QUINCY, FL 32352 US

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.

SIGNATURE: 04/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MATHEWS, ANTHONY
Address: 1920 MT PLEASANT RD
City-St-Zip: QUINCY, FL 32351

Title: V ( ) Delete
Name: MATHEWS, SR., HOWARD
Address: RT 4 BOX 1145
City-St-Zip: QUINCY, FL 32351

Title: S ( ) Delete
Name: MATHEWS, MARY
Address: 1920 MT. PLEASANT RD.
City-St-Zip: QUINCY, FL 32351

Title: T ( ) Delete
Name: MATHEWS, JR., HOWARD
Address: RT 4 BOX 1145
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MATHEWS, ANTHONY
Address: 182 SPARKLE BERRY DR
City-St-Zip: QUINCY, FL 32352

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: MATHEWS, MARY
Address: 182 SPARKLE BERRY DR
City-St-Zip: QUINCY, FL 32352

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY D. MATHEWS MR 04/30/2009
Electronic Signature of Signing Officer or Director — Date