

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90140 003 ***150.00

DOCUMENT # P99000058942

1. Entity Name

KEN MATTHEWS, INC.



Principal Place of Business

4400 MILLWOOD RD.
SPRING HILL FL 34608

Mailing Address

P.O. BOX 3997
SPRING HILL FL 34611

2. Principal Place of Business

4400 MILLWOOD RD

Suite, Apt. #, etc.

3. Mailing Address

6425 FM 1863

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

City & State

BULVERDE TEXAS

Zip

34608

Country

HERNAUDO

Zip

78163

Country

COMAL

4. FEI Number

59-3590610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

JOHNSTON, DARRYL W ESQUIRE
29 SOUTH BROOKSVILLE AVENUE
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME JUANIS, BRETT M
STREET ADDRESS 5180 MENTMORE AVE 6425 FM 1863
CITY-ST-ZIP SPRING HILL FL 34606 BULVERDE, TX 78163

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Brett Juanis BRETT JUANIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06 352-279-2668

Date

Daytime Phone #