## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 07, 2005 08:00 AM **DOCUMENT # S12959 Secretary of State** 1. Entity Name MATHESON & HOROWITZ, P.A. Principal Place of Business Mailing Address 1835 19TH PLACE 1835 19TH PLACE VERO BEACH, FL 32960 US VERO BEACH, FL 32960 No Cha-P CR2E034 (10/03) 02172005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0226081 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MATHESON, EDWARD G. 1835 19TH PL IN THIS SPACE VERO BEACH, FL 32960 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U0U000254472 NAME MATHESON, EDWARD G. 03/07/05-80076-013 150.00 1835 19TH PL STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #