

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S12959**  
 1. Entity Name  
 MATHESON & HOROWITZ, P.A.



Principal Place of Business 1835 19TH PLACE VERO BEACH, FL 32960 US	Mailing Address 1835 19TH PLACE VERO BEACH, FL 32960 US
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07102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0226081	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  
 MATHESON, EDWARD G.  
 1835 19TH PL  
 VERO BEACH, FL 32960

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHESON, EDWARD G. 1835 19TH PL VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 08/16/06-80006-006 550.00

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.

**SIGNATURE:** \_\_\_\_\_ *[Signature]* **8/16/06**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #