

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90056 028 ***150.00

DOCUMENT # S76356

1. Entity Name

**MATTHEWS, EASTMOORE, HARDY, CRAUWELS &
GARCIA, P.A.**



Principal Place of Business

**1777 MAIN ST., STE. 500
SARASOTA, FL 32436 US**

Mailing Address

**1777 MAIN ST., STE. 500
SARASOTA, FL 32436 US**

40012347



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0287912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EASTMOORE, THEODORE C.
1777 MAIN STREET, SUITE 500
SARASOTA, FL 34236**

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MATTHEWS, ARTHUR L JR
STREET ADDRESS 1777 MAIN ST., #500
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VST
NAME EASTMOORE, THEODORE C
STREET ADDRESS 1777 MAIN ST., #500
CITY-ST-ZIP SARASOTA, FL 34236

TITLE DV
NAME HARDY, ARTHUR S.
STREET ADDRESS 1777 MAIN STREET, #500
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VD
NAME GARCIA, MARTIN
STREET ADDRESS 1777 MAIN STREET
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VPD
NAME CRAUWELS, PATRICIA D
STREET ADDRESS 1777 MAIN ST., #500
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VD
NAME DUBOSE, EDWARD K
STREET ADDRESS 1777 MAIN ST., #500
CITY-ST-ZIP SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 566-8888