


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P0000082329 <small>1. Entity Name</small> 1001 USES UTILITY BUILDING, INC.	
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<small>Principal Place of Business</small> 3738 N MONROE ST TALLAHASSEE, FL 32303	<small>Mailing Address</small> 3738 N MONROE ST TALLAHASSEE, FL 32303
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DO NOT WRITE IN THIS SPACE



04032007 No Chg-P CR2E034 (11/05)

<small>4. FEI Number</small> 59-3667932	<small>Applied For</small> Not Applicable
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<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

STRICKLAND, BEVERLY A
 424 E CALL ST
 TALLAHASSEE, FL 32301

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 resigning) 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	
<small>TITLE</small> P	<small>NAME</small> RANDALL MATHIS, JOHNNIE SR
<small>STREET ADDRESS</small>	3738 N MONROE ST
<small>CITY-ST-ZIP</small>	TALLAHASSEE, FL 32303
<small>TITLE</small> V	<small>NAME</small> MATHIS, TONYA
<small>STREET ADDRESS</small>	3738 N MONROE ST
<small>CITY-ST-ZIP</small>	TALLAHASSEE, FL 32303
<small>TITLE</small>	
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	

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 05/23/07-80084-018 150.00

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 807, 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:  **04-30-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____