2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #641800

1. Entity Name

MONFORT CORPORATION



Principal Place of Business 1040 6TH AVENUE NORTH NAPLES, FL 34102

Maiting Address 1040 6TH AVENUE NORTH NAPLES, FL 34102

FILED Jan 25, 2007 8:00 am **Secretary of State**

01-25-2007 90029 035 ***150.00



DO NOT WRITE IN THIS SPACE

No Chg-P 01072007 CR2E034 (11/05) Applied For 4. FEI Number 59-1947242 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORESMAN, W., F. 1040 6TH AVE. NORTH NAPLES, FL 34102

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	<u> 治疗 (種 </u>					
8. The above named ent the obligations of regi		urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, type	8 or printed name of registered agent and title it	f applicable (NOTE: Registered	Aneni signature	required when reinstating)	DATE	
		TOTE, Register	Agent agrance	regored when (emistately)	,	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
	WALTER TER STREET A, ON					
STREET ADDRESS 368 SLA	HELLARD, STEPHEN					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					-	

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 apply 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 comporation or the receiver or trusteer impowered 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.

NAME STREET ADDRESS CITY-ST-ZIP --

> STEPHEN HELLARS SECHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

613-236-1003 Daytime Phone #