2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Jan 27, 2004 08:00 AM DOCUMENT # P92000011814 Secretary of State 1. Entity Name MONTA CONSULTING & DESIGN, INC. Principal Place of Business Mailing Address 8591 HACKNEY PRAIRIE RD ORLANDO FL 32818-8422 8591 HACKNEY PRAIRIE RD ORLANDO FL 32818-8422 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-3159156 Not Applicable Country Žια Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MONTA, ROBERT Street Address (P.O. Box Number is Not Acceptable) 8591 HACKNEY PRAIRIE RD. ORLANDO FL 32818-8244 City Zip Code 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, DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. ☐ Change TITLE Addition D ☐ Delete TITLE MONTA, ROBERT M NAME NAME U00000014413 STREET ADDRESS 8591 HACKNEY PRAIRIE RD. STREET AUDRESS 01/27/04-80022-023 150.00 ORLANDO FL CITY-ST-ZIP CITY ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME MONTA, GAYLE P NAME 8591 HACKNEY PRAIRIE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL COTY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP Change TITLE ☐ Delete TITLE ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P

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:

Gayle P. Monta 1/21/04
OFFICE OF DIRECTOR

FILED

407-521.7907 Daytime Phone #