2007 FOR PROFIT CORPORATION ANNUAL REPORT

Dept. of STATE

DOCUMENT # K38097

1. Entity Name
MONACO AND SONS, INC.

Principal Place of Business	Mailing Address
21071 ST PETERS DRIVE	21071 ST PETERS DRIVE
FT. MYERS BEACH, FL 33931 US	FT. MYERS BEACH, FL 33931 US

DO NOT WRITE IN THIS SPACE

01222007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0080275	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MONACO, LOUIS F.
21071 ST PETERS DR
FT. MYERS BEACH, FL 33931

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

U00000607964
01/31/07-80054-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MONACO, LOUIS F.
STREET ADDRESS	21071 ST PETERS DR
CITY-ST-ZIP	FT. MYERS BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____   1-24-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #