

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # 182173

1. Entity Name
MONTE CARLO INC



Principal Place of Business
**212 W ESPANOLA WAY
MELBOURNE, FL 32901**

Mailing Address
**212 W ESPANOLA WAY
MELBOURNE, FL 32901**



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6066478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLS, LUTHER P
428 PORT ROYAL BLVD
SATELLITE BEACH, FL 32937**

**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 NAME STREET ADDRESS CITY - ST - ZIP	P MILLS, LUTHER 428 PORT ROYAL BLVD SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDT MARTIN, SHARON K. 212 W. ESPANOLA WAY MELBOURNE, FL 32901,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLS, TIMOTHY A. 2326 BLUE SAPPHIRE CIR. ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLS, DANIEL C. 613 SEMINOLE AVE LONGWOOD, FL 32570
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STOREY, NANCYK. 4308 DUNCOMBE DRIVE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/24/07-80042-002 150.00

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 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: Sharon K. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2007

Date

324-725-4060

Daytime Phone #