

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 650614

1. Entity Name
MONTICELLO PUBLISHING CO., INC.



Principal Place of Business

**100 W DOGWOOD ST
PO BOX 428
MONTICELLO, FL 32344**

Mailing Address

**100 W DOGWOOD ST
PO BOX 428
MONTICELLO, FL 32344**

DO NOT WRITE IN THIS SPACE



06132005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1973367

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CICHON, RON A.
100 N. JEFFERSON STREET
MONTICELLO, FL 32344**

**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 re-stating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CICHON, RON
STREET ADDRESS	1540 LIVE OAK ROAD
CITY-ST-ZIP	MONTICELLO, FL
TITLE	STD
NAME	CICHON, JAMIE
STREET ADDRESS	1540 LIVE OAK ROAD
CITY-ST-ZIP	MONTICELLO, FL
TITLE	VD
NAME	CICHON, TAMMY
STREET ADDRESS	1540 LIVE OAK ROAD
CITY-ST-ZIP	MONTICELLO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/15/05-80001-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

6/14/05 850 997 3569