

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855244

FILED
Apr 20, 2005
Secretary of State

Entity Name: MONTCO RESEARCH PRODUCTS INCORPORATED

Current Principal Place of Business:

END OF JANICE
P O BOX 235
HOLLISTER, FL 32147 US

New Principal Place of Business:

209 JANICE DRIVE
P O BOX 235
HOLLISTER, FL 32147 US

Current Mailing Address:

END OF JANICE
P O BOX 235
HOLLISTER, FL 32147 US

New Mailing Address:

P.O. BOX 235
209 JANICE DRIVE
HOLLISTER, FL 32147 US

FEI Number: 23-1664592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIVILLE, MAURICE E
JANICE DRIVE
HOLLISTER, FL 32147 US

Name and Address of New Registered Agent:

MIVILLE, MAURICE E
209 JANICE DRIVE
P.O. BOX 235
HOLLISTER, FL 32147 US

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.

SIGNATURE: MAURICE E. MIVILLE

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MIVILLE, MAURICE E,
Address: JANICE DR
City-St-Zip: HOLLISTER, FL

Title: D () Delete
Name: MIVILLE, MAURICE E,
Address: JANICE DR
City-St-Zip: HOLLISTER, FL

Title: VD () Delete
Name: MIVILLE, MIKYKO,
Address: JANICE DR
City-St-Zip: HOLLISTER, FL

Title: VD () Delete
Name: SUNOO, HAN Y
Address: 3764 S.W. 56TH ROAD
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: MIVILLE, MAURICE E
Address: 209 JANICE DRIVE
City-St-Zip: HOLLISTER, FL 32147 US

Title: D (X) Change () Addition
Name: MIVILLE, MAURICE E
Address: 209 JANICE DRIVE
City-St-Zip: HOLLISTER, FL 32147 US

Title: VD (X) Change () Addition
Name: MIVILLE, MIKYKO
Address: 209 JANICE DRIVE
City-St-Zip: HOLLISTER, FL 32147 US

Title: VD (X) Change () Addition
Name: SUNOO, HAN Y
Address: 3764 S.W. 56TH ROAD
City-St-Zip: GAINESVILLE, FL 32608 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICE E. MIVILLE

PST

04/20/2005

Electronic Signature of Signing Officer or Director

Date