


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000005785

1. Entity Name
MONROE FLUID TECHNOLOGY, INC.



Principal Place of Business Mailing Address

**36 DRAFFIN ROAD
HILTON, NY 14468** **36 DRAFFIN ROAD
HILTON, NY 14468**

DO NOT WRITE IN THIS SPACE



01302007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 16-0777605 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**SILLOWAY, JAMES E
5000 GROVELAND TERR
NAPLES, FL 34119**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

DATE: 03/01/07-80018-007 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD SILLOWAY, MARY K 5000 GROVELAND TER NAPLES, FL 34119 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SILLOWAY, JAMES E 5000 GROVELAND TERRACE NAPLES, FL 34119 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SILLOWAY, SCOTT J 36 DRAFFIN ROAD HILTON, NY 14468 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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: James E Silloway Date: 2/8/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #