

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90266 043 ***150.00

DOCUMENT # F05000006152	
1. Entity Name MONROE-KUT, INC.	

Principal Place of Business 328 HIGHWAY 145 NORTH ABERDEEN, MS 39730	Mailing Address 328 HIGHWAY 145 NORTH ABERDEEN, MS 39730
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
WILEMON, DON G 1666 TAYLOR RIDGE LOOP KISSIMMEE, FL 34744	

7. Name and Address of New Registered Agent	
Name WILEMON, DON G	
Street Address (P.O. Box Number is Not Acceptable) 4335 PACKARD AVENUE	
City ST. CLOUD	FL Zip Code 34772

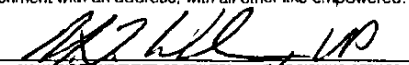
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ Signature, typed or printed name of registered agent and title 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WILEMON, DALE R 328 HIGHWAY 145 NORTH ABERDEEN, MS 39730 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WILEMON, GLENDA J 328 HIGHWAY 145 NORTH ABERDEEN, MS 39730 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILEMON, M.T. 20074 BOX RD ABERDEEN, MS 39730 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WILEMON, T.S. 20874 ADAMS ROAD ABERDEEN, MS 39730 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.	
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SIGNATURE: 	4-19-07	662-369-8256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

40071004



01042007 Chg-P CR2E034 (12/06)

4. FEI Number 64-0640862	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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