

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006152

Entity Name: MONROE-KUT, INC.

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

328 HIGHWAY 145 NORTH
ABERDEEN, MS 39730

New Principal Place of Business:

Current Mailing Address:

328 HIGHWAY 145 NORTH
ABERDEEN, MS 39730

New Mailing Address:

FEI Number: 64-0640862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILEMON, DON G
4335 PACKARD AVE
SAINT CLOUD, FL 34772 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: WILEMON, DALE R
Address: 328 HIGHWAY 145 NORTH
City-St-Zip: ABERDEEN, MS 39730

Title: VC () Delete
Name: WILEMON, GLENDA J
Address: 328 HIGHWAY 145 NORTH
City-St-Zip: ABERDEEN, MS 39730

Title: DVP () Delete
Name: WILEMON, M.T.
Address: 20074 BOX RD
City-St-Zip: ABERDEEN, MS 39730

Title: DST () Delete
Name: WILEMON, T.S.
Address: 20874 ADAMS ROAD
City-St-Zip: ABERDEEN, MS 39730

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: M. T. WILEMON

DVP

03/31/2009

Electronic Signature of Signing Officer or Director

Date