

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006707

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: MONTEREY FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

4095 AVENIDA DE LA PLATA  
OCEANSIDE, CA 92056

**New Principal Place of Business:**

**Current Mailing Address:**

4095 AVENIDA DE LA PLATA  
OCEANSIDE, CA 92056

**New Mailing Address:**

FEI Number: 33-0369207      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POLIN, KENNETH D ESQ.  
C/O FOLEY & LARDNER, LLP  
100 NORTH TAMPA STREET, SUITE 2700  
TAMPA, FL 33602 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: PCD ( ) Delete  
Name: STEINKE, ROBERT C  
Address: 4095 AVENIDA DE LA PLATA  
City-St-Zip: OCEANSIDE, CA 92056

Title: S ( ) Delete  
Name: KUSCSIK, RICHARD  
Address: 4095 AVENIDA DE LA PLATA  
City-St-Zip: OCEANSIDE, CA 92056

Title: D ( ) Delete  
Name: STEINKE, KATHYLEEN  
Address: 4095 AVENIDA DE LA PLATA  
City-St-Zip: OCEANSIDE, CA 92056

**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:

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: ROBERT STEINKE

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date