

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000005418

1. Entity Name
MONTE PACKAGE COMPANY



Principal Place of Business
**12551 SR 7
BOYNTON BEACH, FL 33437**

Mailing Address
**PO BOX 126
3752 RIVERSIDE ROAD
RIVERSIDE, MI 49084**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-2386922

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LASALLE, THOMAS
5353 N. FEDERAL HWY., STE. 405
FT. LAUDERDALE, FL 33308**

**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 _____
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PSD MONTE, SALVATORE P 3752 RIVERSIDE ROAD RIVERSIDE, MI 49084
TITLE NAME STREET ADDRESS CITY ST ZIP	VD MONTE, CONSTANCE J 3752 RIVERSIDE ROAD RIVERSIDE, MI 49084
TITLE NAME STREET ADDRESS CITY ST ZIP	STD MONTE, ANTHONY J 3752 RIVERSIDE RD. RIVERSIDE, MI 49084
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

U000000014678
Tony - 01/27/04-80032-014 150.00
OK - sign form
\$150.00
FL Dept. of Revenue
6680-00-02 75-
6680-00-04 75-
C

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Anthony J. Monte*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-12-04** Daytime Phone #