

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 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



01152007 No Chg-P CR2E034 (11/05)

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

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

U000000714734  
04/27/07-80034-017 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/07 269-849-1722