

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90033 022 ***150.00

DOCUMENT # H04865

1. Entity Name

MONTISANO CORPORATION



Principal Place of Business

C/O JOHN P. MONTISANO
737 N RIDGEWOOD AVE
DAYTONA BCH FL 32114-2015

Mailing Address

C/O JOHN P. MONTISANO
737 N RIDGEWOOD AVE
DAYTONA BCH FL 32114-2015

2. Principal Place of Business

1575 Aviation Center Pky.
Suite, Apt. #, etc.
516

3. Mailing Address

1575 Aviation Center Pky.
Suite, Apt. #, etc.
516

City & State

Daytona Bch. FL

City & State

Daytona Bch. FL

Zip

32114

Country

USA

Zip

32114

Country

USA

4. FEI Number

59-2407453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTISANO, JOHN P.
737 N RIDGEWOOD AVE
DAYTONA BEACH FL 32114-9015

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MONTISANO, JOHN**
STREET ADDRESS **737 N RIDGEWOOD AVE**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **VP** ☐ Delete
NAME **MONTISANO, LAURA R.**
STREET ADDRESS **737 N RIDGEWOOD AVE**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

John P. Montisano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/2005 386 566-9139
Date Daytime Phone #