

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90047 021 ***150.00

DOCUMENT # H43741

1. Entity Name

MONARCH CONSTRUCTION CONSULTING & MANAGEMENT, INC.



Principal Place of Business

**1730 CHAMPAGNE AVE
GULF BREEZE FL 32563
US**

Mailing Address

**1730 CHAMPAGNE AVE
GULF BREEZE FL 32563
US**

00010400



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

**25 Woodfair Ln.
Suite, Apt. #, etc.
Palm Coast, FL.
City & State**

3. Mailing Address

**25 Woodfair Lane
Suite, Apt. #, etc.
Palm Coast, FL.
City & State**

4. FEI Number

59-2508056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
32164

Country

FL USA

Zip
32164

Country

USA

6. Name and Address of Current Registered Agent

**SMARGE, JOHN J.
1730 CHAMPAGNE AVE.
GULF BREEZE-FL 32563**

New Address Above

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

John J. Smarge

(Signature, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

2/10/05

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	DPT	<input type="checkbox"/> Delete
NAME	SMARGE, JOHN J.	
STREET ADDRESS	1730 CHAMPAGNE AVE 25 Woodfair Ln.	
CITY-ST-ZIP	GULF BREEZE FL 32563 Palm Coast FL 32164	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	SMARGE, MURIEL	
STREET ADDRESS	1730 CHAMPAGNE AVE 25 Woodfair Ln.	
CITY-ST-ZIP	GULF BREEZE FL 32563 Palm Coast FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Muriel Smarge - Muriel Smarge, Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386.746-7410