## 2005 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT Mar 14, 2005 08:00 AM DOCUMENT # H68867 **Secretary of State** MONTEVIDEO DEVELOPMENT CORPORATION Principal Place of Business Mailing Address P.O. BOX 27115 14375 PAMBER AVE PORT CHARLOTTE, FL 33953 EL JOBEAN, FL 33927 CR2E034 (10/03) 03102005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2584504 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JIROUT, JUDY DO NOT WRITE 14375 PAMBAR AVE PORT CHARLOTTE, FL 33953 IN THIS SPACE 3. 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 eppilicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE NAME JIROUT, JUDY STREET ADDRESS P.O. BOX 27115 EL JOBEAN, FL 33927 CITY-ST-ZIP TITLE U00000262667 03/14/05-80064-013 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

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**SIGNATURE:** 

STREET ADDRESS CITY-ST-ZIP TITLE MANIF STREET ADDRESS

Judy JIROUT 3-10-05