


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J16425</b> 1. Entity Name MON PLAISIR TRADING CO., INC.	
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Principal Place of Business 172 N INDUSTRIAL DR ORANGE CITY, FL 32763 US	Mailing Address 172 N INDUSTRIAL DR ORANGE CITY, FL 32763 US
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**DO NOT WRITE IN THIS SPACE**



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2681868	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

DEMILDT, JOHANNES CRK  
172 N INDUSTRIAL DR  
ORANGE CITY, FL 32763

**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 registering)

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	PT DEMILDT, JOHANNES 172 N INDUSTRIAL DR ORANGE CITY, FL 32763
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEMILDT, JANICE 172 N INDUSTRIAL DR ORANGE CITY, FL 32763
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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05/06/04-80031-006.150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of the information.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPE OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/04

386.775-4212