

**2008 FOR PROFIT CORPORATION.  
ANNUAL REPORT**

**FILED**

**8 Sep 05, 2008 8:00 am  
Secretary of State**

08-22-2008 90001 019 \*\*\*150.00

**DOCUMENT # J16425**

1. Entity Name  
**MON PLAISIR TRADING CO., INC.**



Principal Place of Business  
**172 N INDUSTRIAL DR  
ORANGE CITY, FL 32763 US**

Mailing Address  
**172 N INDUSTRIAL DR  
ORANGE CITY, FL 32763 US**

**66016340**



08192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2681868** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE **PT**  
NAME **DEMILDT, JOHANNES**  
STREET ADDRESS **172 N INDUSTRIAL DR**  
CITY-ST-ZIP **ORANGE CITY, FL 32763**

TITLE **V**  
NAME **DEMILDT, JANICE**  
STREET ADDRESS **172 N INDUSTRIAL DR**  
CITY-ST-ZIP **ORANGE CITY, FL 32763**

TITLE  
NAME  
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CITY-ST-ZIP

**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 #

**9/1/08 386 775 4212**