

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K11636

FILED  
Feb 23, 2006  
Secretary of State

Entity Name: MONTEAGUDO ENTERPRISES, INC.

**Current Principal Place of Business:**

108 WYMORE ROAD  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 160642  
ALTAMONTE SPRINGS, FL 327160642

**New Mailing Address:**

FEI Number: 59-2865089      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRANCO, MARIA P.  
938 PIEDMONT WEKIWA RD  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FRANCO, JOSE S  
Address: 938 PIEDMONT WEKIVA ROAD  
City-St-Zip: APOPKA, FL 327035829

Title: D ( ) Delete  
Name: FRANCO, MARIA P.,  
Address: 938 PIEDMONT WEKIVA ROAD  
City-St-Zip: APOPKA, FL 327035829

Title: S ( ) Delete  
Name: POLOCHE, DORALY A  
Address: 153 DAHALIA DR  
City-St-Zip: ALTAMONTE SPRIGNS, FL

Title: P ( ) Delete  
Name: POLOCHE, SAMUEL A  
Address: 153 DAHLIA DR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: POLOCHE, DORALY A  
Address: 938 PIEDMONT WEKIWA RD.  
City-St-Zip: APOKA, FL 32703

Title: P (X) Change ( ) Addition  
Name: POLOCHE, SAMUEL A  
Address: 938 PIEDMONT WEKIWA RD.  
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA P. FRANCO

D

02/23/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date