


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L32316**  
 1. Entity Name  
**MONTVERDE ENGINEERING, INC.**



Principal Place of Business      Mailing Address  
 17550 C.R. 455                      17550 C.R. 455  
 MONTVERDE, FL 34756    US      MONTVERDE, FL 34756    US

**DO NOT WRITE IN THIS SPACE**



02022005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-2976966      Not Applicable

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

**6. Name and Address of Current Registered Agent**

NIX, ARTHUR C.  
 17550 C.R. 455  
 MONTVERDE, FL 34756

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing**            **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

000000215922  
 02/05/05 80025-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NIX, ARTHUR C. 17550 CR 455 MONTVERDE, FL 34756
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**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:** Arthur C. Nix      2/2/05      407-469-9829  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #