


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # L32316</b> 1. Entity Name <b>MONTVERDE ENGINEERING, INC.</b>	
--	---

Principal Place of Business <b>17550 C.R. 455 MONTVERDE, FL 34756 US</b>	Mailing Address <b>17550 C.R. 455 MONTVERDE, FL 34756 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2976966</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 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 #