


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90440 030 ***150.00

DOCUMENT # L88599 1. Entity Name MONTY PRECAST, INC.					
Principal Place of Business 1475 FORESTRY DIVISION RD LABELLE, FL 33935 US			Mailing Address 1475 FORESTRY DIVISION RD LABELLE, FL 33935 US		
2. Principal Place of Business 1419 SW 53rd terr		3. Mailing Address 1419 SW 53rd terr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Cape Coral, FL		City & State Cape Coral, FL		4. FEI Number 65-0207421	
Zip 33914		Country Lee		Applied For Not Applicable	
Zip 33914		Country Lee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTGOMERY, ROBERT MARVIN 1475 FORESTRY DIVISION RD LABELLE, FL 33935				7. Name and Address of New Registered Agent Name: Montgomery Marvin Street Address (P.O. Box Number is Not Acceptable): 1419 SW 53rd terr. City: Cape Coral FL Zip Code: 33914	
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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTGOMERY, ROBERT MARVIN SR 1475 FORESTRY DIVISION ROAD LABELLE, FL 33935	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Montgomery Marvin 1419 SW 53rd terr. Cape Coral FL 33914
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Robert Marvin Montgomery</u> <u>5/1/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					