

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90125 001 ***317.50

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DOCUMENT # M78100 1. Entity Name MONTANNA AND ASSOCIATES, INC.			
Principal Place of Business 733 WEST SMITH STREET ORLANDO, FL 32804 US		Mailing Address 733 WEST SMITH STREET ORLANDO, FL 32804 US	
2. Principal Place of Business 628 Ellen Drive Suite, Apt. #, etc.		3. Mailing Address 628 Ellen Drive Suite, Apt. #, etc.	
City & State Winter Park FL Zip 32789 Country		City & State Winter Park FL Zip 32789 Country	
4. FEI Number 59-2878477		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		04152004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent BREWER, DENNY H., III 733 WEST SMITH STREET ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 628 Ellen Drive City Winter Park FL Zip Code 32789	
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 4/15/04 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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	TD BREWER, DENNY H., III 733 WEST SMITH STREET ORLANDO, FL 32804 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILKEY, SHARON M. 733 WEST SMITH STREET ORLANDO, FL 32804 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS UZUPES, VANESSA M. 733 WEST SMITH STREET ORLANDO, FL 32804 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BREWER, CAROLYN K OVERLOOK DRIVE, RT 2, BOX 137 TEN MILE, TN 37880 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BREWER, DENNY H JR OVERLOOK DR, RT 2, BOX 137 TEN MILE, TN 37880 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:		Date 4/15/04 Daytime Phone # 407 425 7444	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			