## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 26, 2005 8:00 am Secretary of State

DOCUMENT # M78100  1. Entity Name MONTANNA AND ASSOCIATES, INC.						05-26-2005	90027 020 **	*150.00	
Principal Place of Business Mailing Address						•			
623 ELLEN D WINTER PARI	DRIVE K, FL 32789 US	623 ELLEN DRIVE WINTER PARK, FL 32789 US			E 1881 188 11 12			B B  BB     (CB	
2. Principal Place of Business 3.		J. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05162005	Chg-P	CR2E034 (10/0	)3)	
City & State		City & State			4. FEI Numb 59-287			Applied For Not Applicable	
Zip	Country Zip Co		Coun	ntry	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
   BREWER, DENNY H., III				Name					
623 ELLEN DRIVE DELTONA, FL 32739				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL Zip (	Code	
8. The above named entity submits this statement for the purpose of changing its regi				 ed office or regi	istered agent, or bo	th, in the State of Flo		vith, and accept	
the obligations of registered agent.									
SIGNATURE									
FILE NOW!!! FEE IS \$150.00 9. Election Campaign F Due by September 7, 2005 Trust Fund Contribut					\$5.00 May Be Added to Fees	In accordance v corporation did	with s. 607.193(2)( not receive the pri	(b), F.S., the or notice.	
10.	RECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11		
TITLE	STD	☐ Delete	TITL	<b>I</b>			( Chan	ge 🔲 Addition	
NAME STREET ADDRESS	BREWER, DENNY H., III 733 WEST SMITH STREET		NAM STRE		10 ELL	EN DRI	υE		
CITY-ST-ZIP	I				WINTER PARK FL 32789				
TITLE	PD	☐ Delete	TITL	<b>I</b>			Chan	ge 🗌 Addition	
NAME STREET ADDRESS	GILKEY, SHARON M. NAM. 733 WEST SMITH STREET STRE			EET ADDRESS C	DDRESS 628 ELLEN DRIVE				
CITY-ST-ZIP					WINTER PARK, FL 32789				
TITLE	VPD	☐ Delete	TITU			•	☐ Chan	ge 🔲 Addition	
NAME STREET ADDRESS	BREWER, CAROLYN K OVERLOOK DRIVE, RT 2, BOX 13	37	NAM STRE	EET ADDRESS					
CITY-ST-ZIP	TEN MILE, TN 37880		CITY	'- ST - ZIP					
TITLE NAME	DVP BREWER. DENNY H JR	☐ Delete	TITE	<b>I</b>			☐ Chan	ge 🔲 Addition	
STREET ADORESS	OVERLOOK DR, RT 2, BOX 137		NAM STRE	EET ADDRESS					
CITY-ST-ZIP	TEN MILE, TN 37880		CITY	'-ST-ZIP					
TITLE		☐ Delete	TITL.	l l			☐ Chan	ge 🔲 Addition	
NAME STREET ADDRESS		,	NAM STRE	EET ADDRESS					
CITY-ST-ZIP		,	CITY	'-ST-ZIP		<b></b>			
TITLE		☐ Delete	TITL NAM	1			☐ Chan	ge 🔲 Addition	
NAME STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				/-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 suppliemental 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 on trusted impowered 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 attact/mept with an additional statutes.									

changed, or on an attachment with 50 eddpess, with all other like empowered.

SIGNATURE

NATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DE /VNY H. BLEWEL, III.

Date Daytime Phor