

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46717

FILED  
Mar 29, 2008  
Secretary of State

Entity Name: OWNERS AND VOTERS OF MONTURA, INC.

## Current Principal Place of Business:

DR. DOOLITTLE HAPPY FARM  
784 APPALOOSA AVENUE  
CLEWISTON, FL 33440 US

## New Principal Place of Business:

DR. DOOLITTLE HAPPY FARM  
772 APPALOOSA AVENUE  
CLEWISTON, FL 33440 US

## Current Mailing Address:

C/O MB 8819  
P.O BOX 2428  
PENSACOLA, FL 32513 US

## New Mailing Address:

505 W. HICKPOCHEE AVE  
367  
LABELLE, FL 33935 US

FEI Number: 65-0561307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HERRMANN, TOM REV.  
772 APPALOOSA AVE  
CLEWISTON, FL 33975 US

## Name and Address of New Registered Agent:

HERRMANN, TOM REV.  
772 APPALOOSA AVE  
CLEWISTON, FL 33440 US

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.

SIGNATURE:

03/29/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HERRMMANN, TOM REV.  
Address: 778 APPALOOSA  
City-St-Zip: CLEWISTON, FL 33440

Title: SD ( ) Delete  
Name: GIZAS, MARIA  
Address: 6050 JASMINE STREET  
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete  
Name: MONTIEL, ALEXANDRA  
Address: 778 APPALOOSA  
City-St-Zip: CLEWISTON, FL 33440

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM HERRMMANN

DRCT

03/29/2008

Electronic Signature of Signing Officer or Director

Date