

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90187 025 \*\*\*\*61.25

**DOCUMENT # N99000002457**

1. Entity Name  
**MONTE PALO CORP.**



Principal Place of Business  
**101 MONTE PALO  
PANAMA CITY BEACH, FL 32413**

Mailing Address  
**P.O. BOX 9344  
PANAMA CITY BCH, FL 32417**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012007 Chg-NP CR2E037 (12/06)

4. FEI Number  
~~20-2917787~~ **61-1519636**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, CARL  
101 MONTE PALO  
PANAMA CITY BEACH, FL 32413**

Name

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 registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
ALLEN, CARL  
101 MONTE PALO  
PANAMA CITY BCH, FL 32413 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
LANCE, PAT  
103 MONTE PALO  
PANAMA CITY BEACH, FL 32413 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TREASURER  
PAM BROWN  
100 MONTE PALO  
PANAMA CITY BCH FL 32413** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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NAME  
STREET ADDRESS  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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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 617, 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:**

*Carl Allen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-25-07** Daytime Phone # **880-960**