2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2008 8:00 am
Secretary of State
05-09-2008 90007 050 ****61.25

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1. Entity Name
MONTE PALO CORP.

Principal Place of Business	Mailing Address
101 MONTE PALO PANAMA CITY BEACH, FL 32413	P.O. BOX 9344 PANAMA CITY BCH, FL 32417

DO NOT WRITE IN THIS SPACE

04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number
61-1519636
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ALLEN, CARL
STREET ADDRESS	101 MONTE PALO
CITY-ST-ZIP	PANAMA CITY BCH, FL 32413
TITLE	DV
NAME	LANCE, PAT
STREET ADDRESS	103 MONTE PALO
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	T
NAME	BROWN, PAM
STREET ADDRESS	100 MONTE PALO
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 L Allen 4.23.08 850-960-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #