


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90053 015 \*\*\*150.00

DOCUMENT # P0000077061			
1. Entity Name MONCI PROPERTIES, INC.			
Principal Place of Business 1879 NIGHTINGALE LANE SUITE B4 TAVARES, FL 32778		Mailing Address 1879 NIGHTINGALE LANE SUITE B4 TAVARES, FL 32778	
2. Principal Place of Business 1876 Nightingale Lane Suite, Apt. #, etc.		3. Mailing Address 1876 Nightingale Lane Suite, Apt. #, etc.	
City & State TAVARES, FL		City & State TAVARES	
Zip 32778	Country US	Zip FL	Country 32778
6. Name and Address of Current Registered Agent MONTOYA, FRANK 1879 NIGHTINGALE LANE SUITE B4 TAVARES, FL 32778		7. Name and Address of New Registered Agent Name: Montoya, Frank Street Address (P.O. Box Number is Not Acceptable): 1876 Nightingale Lane City: TAVARES FL Zip Code: 32778	
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: <i>Frank Montoya</i> DATE: 1/22/04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: MONTOYA, FRANK DR STREET ADDRESS: 1879 NIGHTINGALE LANE ST B4 CITY-ST-ZIP: TAVARES, FL 32778	<input type="checkbox"/> Delete	TITLE: P NAME: Montoya, Frank STREET ADDRESS: 1876 Nightingale Lane CITY-ST-ZIP: TAVARES, FL 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: CIRELLI, ROSEMARY A DR STREET ADDRESS: 1879 NIGHTINGALE LANE B4 CITY-ST-ZIP: TAVARES, FL 32778	<input type="checkbox"/> Delete	TITLE: VP NAME: CIRELLI, ROSEMARY STREET ADDRESS: 1876 Nightingale Lane CITY-ST-ZIP: TAVARES, FL 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Frank Montoya</i>		DATE: 1/22/04 352-742-4631	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

44004106



01132004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3666452 Applied For Not Applicable

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