


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000001159	
1. Entity Name BANCES-MONARD INC.	

Principal Place of Business 1220 OXBOW LN WINTER SPRINGS, FL 32708	Mailing Address 3302 HEIRLOOM ROSE PL. OVIEDO, FL 32766
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FILED
Jul 02, 2008 08:00 AM
Secretary of State



06112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3690027	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BANCES, JOSE 3302 HEIRLOOM ROSE PL. OVIEDO, FL 32766

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BANCES, JOSE 3302 HEIRLOOM ROSE PL. OVIEDO, FL 32766
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MONARD, MARIA 3302 HEIRLOOM ROSE PL. OVIEDO, FL 32766
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000953482 U7/02/08-80001-018 150.00
DO NOT WRITE IN THIS SPACE

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 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: Jose Bances **JOSE BANCES** 6/10/08 407.463.3590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #