# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2008**
**Secretary of State**

DOCUMENT# P01000043144

**Entity Name:** MONARCH TOURS, INC.

**Current Principal Place of Business:**

902 WEST ALBEE RD.
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2149
NOKOMIS, FL 34274

**New Mailing Address:**

**FEI Number: 65-1099164** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOWE, LYNDON J MR.
C/O MONARCH TOURS, INC.
902 WEST ALBEE ROAD-UPSTAIRS
NOKOMIS, FL 34275 US

**Name and Address of New Registered Agent:**

LOWE, LYNDON J MR.
C/O MONARCH TOURS, INC.
902 WEST ALBEE ROAD, SUITE #7
NOKOMIS, FL 34275 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: _____ 05/01/2008
Electronic Signature of Registered Agent — Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D/P ( ) Delete
Name: LOWE, LYNDON J
Address: PO BOX 2149
City-St-Zip: NOKOMIS, FL 34274

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDON J LOWE PRES 05/01/2008
Electronic Signature of Signing Officer or Director — Date