

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000070891

Entity Name: MONT MONT, INC.

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8001 S. ORANGE BLOSSOM TRAIL  
# 984  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 560369  
ORLANDO, FL 32856 US

**New Mailing Address:**

PO BOX 560369  
ORLANDO, FL 32856-036 US

FEI Number: 59-3730537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOUST, KATHLEEN M  
17 S. ORLANDO AVE  
KISSIMMEE, FL 34741 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: PARNICA, TRACY A  
Address: PO BOX 560369  
City-St-Zip: ORLANDO, FL 32856 US

I hereby 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 all other like empowered.

SIGNATURE: TRACY ARCHER PARNICA

DP

02/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date