

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90273 001 ***150.00

DOCUMENT # P01000076982



1. Entity Name

MONKEY MADE ANTENNAS INC.

Principal Place of Business

258 STATE AVE
HOLLY HILL FL 32117

Mailing Address

450 GOLF BOULEVARD
DAYTONA BEACH FL 32118

2. Principal Place of Business

3. Mailing Address

234 Rodeo Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

Ormond Beach, FL

4. FEI Number

59-3737672

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

32174

Volusia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, MIKE
450 GOLF BOULEVARD
DAYTONA BEACH FL 32118

Name

Street Address (P.O. Box Number is Not Acceptable)

234 Rodeo Road

City

Ormond Beach FL

Zip Code

32174

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MURRAY, MICHAEL
STREET ADDRESS 450 GOLF BLVD
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 234 Rodeo Road
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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

Mike Murray Mike Murray

4/10/05

(386)

451-1190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #