2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 26, 2005 08:00 AM Secretary of State DOCUMENT # P01000120273 1. Entity Name MONTY MAINTENANCE, INC. Principal Place of Business _____ Mailing Address 24542 DIETZ DR. BONITA SPRINGS FL 34135 24542 DIETZ DR. BONITA SPRINGS FL 34135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (5/05) Applied For City & State City & State 4. FEI Number 59-3758453 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WINELAND, MONTY G Street Address (P.O. Box Number is Not Acceptable) 24542 DIETZ DR. **BONITA SPRINGS FL 34135** City Zip Code FI 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) S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 7, 2005 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150,00. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change Addition HILE ☐ Delete THE H00000377191 WINELAND, MONTY G NAME 08/26/05-80003-014 150.00 STREET ADDRESS 24542 DIETZ DR. SIPECT ADDRESS BONITA SPRINGS FL 34135 CUTY ST- 7/P CITY ST-ZIP ☐ Change ☐ Addition Hit ☐ Delete THILE NAM WINELAND, DONNA E NAME 24542 DIETZ DR. STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL 34135 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THEF Delete THUE NAME: NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZiP CHY-ST-ZIP ☐ Change ☐ Addition Defete **TULE** THU NAME MARZE JAPEL ADDRESS STREET ADDRESS CITY-SE-ZIP Lity-St-ZIP Change ☐ Delete HILE ☐ Addition THE NAMI STREET ADDRESS STREET ADDRESS CLTY-ST ZIP CHY ST-ZIP Detete ☐ Change Addition TITLE Dire NAME STREET ADDRESS STREET ADDRESS.

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 Effapter 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.

0117.ST.71P

SIGNATURE:

CITY ST-7/P

a/ aug 23-05

239-2775261

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