

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000017547



1. Entity Name
 MONTANA HOLDINGS, INC.

Principal Place of Business
 2861 34TH ST. S
 ST. PETERSBURG, FL 33711

Mailing Address
 2861 34TH ST. S
 ST. PETERSBURG, FL 33711



08272008 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0607276 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUSH ROSS REGISTERED AGENT SERVICES, LLC
 1801 NORTH HIGHLAND AVENUE
 TAMPA, FL 33602

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 _____ DATE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	TROUILLE, ANDRE
STREET ADDRESS	2861 34TH ST. S
CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	VS
NAME	MUSKIN, VICKIE A
STREET ADDRESS	2861 34TH ST. S
CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Vickie A. Muskin Vickie A. Muskin V.P. 8-27-08 727-867-4444
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **K 13**