



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000084971		
1. Entity Name MONTE'S, INC.		
Principal Place of Business 4804 HWY 22 CALLAWAY, FL 32404 US		Mailing Address 20899 NE OAK STREET BLOUNTSTOWN, FL 32424
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GURLIACCIO, ROBERT 20899 NE OAK STREET BLOUNTSTOWN, FL 32424		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	GURLIACCIO, ROBERT	
STREET ADDRESS	20899 NE OAK STREET	
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424	
TITLE		
NAME		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		1/10/07 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		850-763-7494 Daytime Phone #



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0740379	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/11/07-00023-004 150.00