
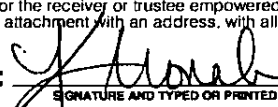


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90044 022 \*\*\*150.00

|   |  |  |   |
|---|--|--|---|
| <b>DOCUMENT # P02000086720</b><br>1. Entity Name<br><b>MONAHAN SERVICES, INC.</b>   |  |   |   |
| Principal Place of Business<br><b>1921 SE 5TH PLACE<br/>CAPE CORAL, FL 33990</b>  |  | Mailing Address<br><b>1921 SE 5TH PLACE<br/>CAPE CORAL, FL 33990</b>   |   |
| 2. Principal Place of Business<br><b>10880 Metro Parkway</b><br>Suite, Apt. #, etc.<br><b>Unit J</b><br>City & State<br><b>Fort Myers, FL</b><br>Zip<br><b>33912</b>  |  | 3. Mailing Address<br><b>10880 Metro Parkway</b><br>Suite, Apt. #, etc.<br><b>Unit J</b><br>City & State<br><b>Fort Myers, FL</b><br>Zip<br><b>33912</b> |   |
| Country<br><b>USA</b>   |  | Country<br><b>USA</b>  |   |
| 4. FEI Number<br><b>32-0032743</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>MONAHAN, KIMBERLY A<br/>1921 SE 5TH PLACE<br/>CAPE CORAL, FL 33990</b>  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                     |   |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____  |  |  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                      |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PS<br/>MONAHAN, MICHAEL T<br/>1921 SE 5TH PLACE<br/>CAPE CORAL, FL 33990</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VT<br/>MONAHAN, KIMBERLY A<br/>1921 SE 5TH PLACE<br/>CAPE CORAL, FL 33990</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. |  |  |   |
| <b>SIGNATURE:</b>  <b>Kimberly A Monahan</b>   |  | <b>3/11/05</b>   |   |