

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110413

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: MONTPETIT ENTERPRISES, INC.

## Current Principal Place of Business:

365 NW 3RD STREET  
LAKE BUTLER, FL 32054 US

## New Principal Place of Business:

## Current Mailing Address:

365 NW 3RD STREET  
LAKE BUTLER, FL 32054 US

## New Mailing Address:

FEI Number: 06-1651886

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MONTPETIT, JOHN R PD  
365 NW 3RD STREET  
LAKE BUTLER, FL 32054 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MONTPETIT, JOHN R PD  
Address: 365 NW 3RD STREET  
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: SVPD ( ) Delete  
Name: HALL, BILLY SVPD  
Address: 11609 NE SR 121  
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: VPD ( ) Delete  
Name: MONTPETIT, II, JOSEPH D VPD  
Address: 1770 SE CR 252  
City-St-Zip: LAKE CITY, FL 32025 US

Title: SD ( ) Delete  
Name: GAUBATZ, ROBERT E SD  
Address: 9281 SW 109TH RUN  
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: TD ( ) Delete  
Name: WILSON, ROBIN P TD  
Address: 5598 SW CR 18A  
City-St-Zip: LAKE BUTLER, FL 32054 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R MONTPETIT

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date