2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2004 8:00 am Secretary of State

ANNOAL REPORT						Secretary or State				
DOCUMENT # P02000131705 1. Entity Name MONTANNA TRADING ASSOCIATES COMPANY						04-21-2004	90125	001 ***31	7.50	
Principal Place of Business Mailing Address										
733 WEST SMITH STREET ORLANDO, FL 32804		733 WEST SMITH STREET ORLANDO, FL 32804			66413567					
628	ace of Business Ellan Drive	3. Mailing Address 628 Ellen	Drive							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04152004	Chg-P	CR2E	034 (10/03)		
City & State	to Park PC	City & State Park	R		4. FEI Number 42-1564				plied For at Applicable	
Zip 327	739 Country	Zip 32787	Country		5. Certificate of	of Status Desired	R	\$8.75 Add Fee Require	litional d	
	6. Name and Address of Current F	Registered Agent	Name		7. Name and	Address of New F	legistered	Agent		
BREWER, DENNY H III										
733 WEST SMITH STREET ORLANDO, FL 32804			Street Ad	ddress (F	P.O. Box Number	is Not Acceptable	e)623	Ellan I	Trive	
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			City	inter	Paik		FI	L Zin Cod	737	
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/liped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
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TITLE	OFFICERS AND	DIRECTORS Delete	11, TITLE	10,00	iden &	CHANGES TO OFF	ICERS AN	Change	Addition	
NAME	BREWER, DENNY H III	□ Delete	NAME	1 Ics	ioler P				→	
STREET ADDRESS	733 WEST SMITH STREET		STREET ADDRESS CITY-ST-ZIP							
CITY-ST-ZIP TITLE	ORLANDO, FL 32804	☐ Delete	TITLE	6000	tary			☐ Change	Addition	
NAME	GILKEY, SHARON M	LJ Deicle	NAME	المعتصر	, Fr. 1				A	
STREET ADDRESS	733 WEST SMITH STREET		STREET ADDRESS							
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CITY-ST-ZIP	1		CITY-ST-ZIP							

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 appears with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/04 407

Daytime Phone #