


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000090736</b> 1. Entity Name AM ACCOUNTING BY MONTES, INC.	
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Principal Place of Business 1018 STATE RD 434 STE 210 LONGWOOD, FL 32750	Mailing Address 1018 STATE RD 434 STE 210 LONGWOOD, FL 32750
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**DO NOT WRITE IN THIS SPACE**



01302005 No Chg-P CR2E034 (10/03)

4. FEI Number 05-0592882	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MONTES DE OCA, DARCIS R 440 E HIGHLAND ST ALTAMONTE SPRINGS, FL 32701	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>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
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MONTES DE OCA, DARCIS R 440 E HIGHLAND ST ATLAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MONTES DE OCA, RAUL 440 E HIGHLAND ST ATLAMONTE SPRINGS, FL 32701
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03/17/05-80044-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Darcis R. Montes de Oca **DARCIS R. MONTES DE OCA** 3-15-05 407-260-7102  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #