

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000110450

1. Entity Name  
THE MONTECITO VENETIAN, INC.



Principal Place of Business  
1518 KOENIG LANE  
AUSTIN, TX 78756

Mailing Address  
1518 KOENIG LANE  
AUSTIN, TX 78756

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0305140

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAXWELL, DOUGLAS R  
SAN PABLO OFFICE PARK  
4309 PABLO OAKS CT SUITE FIVE  
JACKSONVILLE, FL 32224

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed 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  
Trust Fund Contribution, ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME CONK, EDWARD W  
STREET ADDRESS 1518 KOENIG LANE  
CITY-ST-ZIP AUSTIN, TX 78756

☐ Change ☐ Addition  
100036079821  
05/12/04--01013--008 \*\*425.00

TITLE D ☐ Delete  
NAME CONK, JOELLYN  
STREET ADDRESS 1518 KOENIG LANE  
CITY-ST-ZIP AUSTIN, TX 78756

☐ Change ☐ Addition  
100036079821  
05/12/04--01013--009 \*\*676.25

TITLE D ☐ Delete  
NAME CONK, CHRISTOPHER  
STREET ADDRESS 1518 KOENIG LANE  
CITY-ST-ZIP AUSTIN, TX 78756

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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.

SIGNATURE: Edward W. Conk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

512-415-0330

Daytime Phone #

FILED.  
04 MAY -5 PM 5:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

