

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000111712

1. Entity Name
MARIA MONARD, PA



Principal Place of Business
3302 HEIRLOOM ROSE PL.
OVIEDO, FL 32766 US

Mailing Address
3302 HEIRLOOM ROSE PL.
OVIEDO, FL 32766 US

FILED
Jul 02, 2008 08:00 AM
Secretary of State



06112008 No Chg-P CR2E034 (11/05)

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4. FEI Number
56-2401880

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONARD, MARIA L
3302 HEIRLOOM ROSE PL.
OVIEDO, FL 32766

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IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MONARD, MARIA L
STREET ADDRESS	3302 HEIRLOOM ROSE PL.
CITY-ST-ZIP	OVIEDO, FL 32766
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/02/08-80001-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Maria L. Monard MARIA L. MONARD 6/10/08 407-461-8197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #