2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

FILED Apr 26, 2004 8:00 am Secretary of State

04-12-2004 90248 018 ***150.00

☐ Change

Addition

DOCUMENT # P03000139852 1. Entity Name TREVOR MONTANA, INC				(
Principal Place of Business Mai			ailing Address			1	0044	F.F.A .A		
1912 BAYOU DR NAVARRE, FL 32566			1912 BAYOU DR NAVARRE, FL 32566				6641	5568		
										##
2. Principal Place of Business			3. Mailing Address						<u> </u>	
Suite, Apt. #, etc.		S	Suite, Apt. #, etc.			01262004	Chg-P	CR2E03	34 (10/03)	
City & State		С	City & State			4. FEI Numbe		89		plied For Applicable
Zip	Country	Z	ip	Countr	у	 	of Status Desired	п :	\$8.75 Addi	itional
	6. Name and Address of Cur	rent Registe	ered Agent		· · ·	7. Name and	Address of New R	egistered A	igent -	- :
					Name					
MONTANA, TREVOR E 1912 BAYOU DR NAVARRE, FL 32566					Street Address (P.O. Box Number is Not Acceptable)					
	, , _ 02000			ļ						
					City .			FL	Zip Code)
8. The above	named entity submits this statem	ent for the pu	urpose of changing its r	registere	d office or registe	ared agent, or bot	h, in the State of Flo	orida. I am f	amiliar with,	and accept
the obligati	ons of registered agent.							•		
SIGNATURE_	Signature, typed or printed name of registered	agent and title if	epplicable. [NOTE	: Rogistered	Agent agnature require	ed when reinstating)		DATE	_	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign F Trust Fund Contribut					ping \$5	5.00 May Be ided to Fees	···			
10. OFFICERS AND DIRECTORS				11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11
TITLE NAME	PSTD MONTANA, TREAVOR E	,	☐ Delete	TITLE	1				Change	Addition Addition
STREET ADDRESS	1912 BAYOU DR				T ADDRESS					
CITY-ST-ZIP	NAVARRE, FL 32566			CITY-	ST-ZIP					
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CITY-ST-ZIP	**************************************			_ = = =	S1-ZIP	·		*****		
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NAME STREET ADDRESS				NAME	T ADDRESS					

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 of 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-SI-ZP

TITLE

NAME

Delete

SIGNATURE: 1 ALLEY MINI THEY TREVOR MONTANA 04-10-04 8509367670

SIGNATURE AND TYPED ON PRINTED HAVE OF SECURIO OFFICER ON DIRECTOR DATE OF DATE OF DESCRIPTION OF THE PROPERTY OF THE PROPERT