

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146843

FILED  
Mar 14, 2005  
Secretary of State

Entity Name: MONTICELLO ADVENTURES, INC.

## Current Principal Place of Business:

1604 STOCKTON STREET  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

## Current Mailing Address:

1604 STOCKTON STREET  
JACKSONVILLE, FL 32204

## New Mailing Address:

FEI Number: 20-0458387      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERTS, WILLIAM R  
1604 STOCKTON STREET  
JACKSONVILLE, FL 32204      US

## Name and Address of New Registered Agent:

ROBERTS, WILLIAM R  
4275 GENOA AVE.  
JACKSONVILLE, FL 32210      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

03/14/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DST      ( ) Delete  
Name: DEAN, HENRY E III  
Address: 1604 STOCKTON STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D      (X) Delete  
Name: DEAN, THOMAS S  
Address: 1604 STOCKTON STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D      ( ) Delete  
Name: ROBERTS, WILLIAM R  
Address: 4275 GENOA  
City-St-Zip: JACKSONVILLE, FL 32210

Title: DP      ( ) Delete  
Name: CROUSE, SUSAN E  
Address: 1604 STOCKTON STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DV      (X) Delete  
Name: WHITAKER, BRIAN K  
Address: 1604 STOCKTON STREET  
City-St-Zip: JACKSONVILLE, FL 32204

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV      (X) Change ( ) Addition  
Name: ROBERTS, WILLIAM R  
Address: 4275 GENOA  
City-St-Zip: JACKSONVILLE, FL 32210

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. ROBERTS

Electronic Signature of Signing Officer or Director

DV

03/14/2005

Date