OR PROFIT CORPORATION **ANNUAL REPORT**

MENT # P04000013810

MÓN INVESTMENT & HOLDING CORPORATION



FILED Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90550 040 ***150.00

				9		
Principal Place of Business 180 SKYLARK AVENUE MERRITT ISLAND, FL 32953		Mailing Address 180 SKYLARK AVENUE MERRITT ISLAND, FL 32953		~~~~JD1		
2. Principal P	face of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
				04112005 Chg-P CR2E034 (10/	•	
City & State		City & State		4. FEI Number 20-0608212	Applied For Not Applicable	
Zip	Country	Zip .	Country	5. Certificate of Status Desired \$8.75 Fee Rec	Additional quired	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent	•	
LEMON, DAVID J			Name			
	ARK AVENUE ISLAND, FL 32953~	Street Address		ss (P.O. Box Number is Not Acceptable)		
		•				
			City	┌┕│	Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or regi	istered agent, or both, in the State of Florida. I am familiar	with, and accept	
SIGNATURE.						
	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature req	quired when reinstating) DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Cont		\$5.00 May Be Added to Fees		
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIREC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEMON, DAVID J 180 SKYLARK AVENUE MERRITT ISLAND, FL 32953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Cha	nge 🔲 Addition	
TITLE	VP VP	☐ Delete	TITLE	Cha	nge 🔲 Addition	
NAME STREET ADDRESS	LEMON, RICHARD D 180 SKYLARK AVENUE		NAME STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP			
TITLE NAME	S/T LÉMON, HERSHEL D	☐ Delete	· TITLE NAME	Cha	nge 🔲 Addition	
STREET ADDRESS	1360 GIRARD BOULEVARD	. · · ·	STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	☐ Delete	CITY-ST-ZIP	Cha	nge Addition	
NAME			NAME STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	Cha	inge 🔲 Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP		rrige	
TITLE NAME		☐ ∪eiete	NAME	. Uk	ango	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
	I certify that the information supplied with	this filing does not qualify fo		in Section 119.07(3)(i), Florida Statutes. I further certify that	the information	

Thereby ceans that the information supplied with this litting does not quality for the exemption stated in Section 119,07(3)(i). Fronca statutes. If unforecarrie that the information indicated on this report or supplied with the port 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 of 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 attachper that an address, with all other like empowered.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. LEMON 4/15/05