


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90297 014 ***150.00

DOCUMENT # P04000028784

1. Entity Name
MT VESTORS INC.



Principal Place of Business Mailing Address

58 COMMERCIAL WAY **PO BOX 5037**
SPRING HILL, FL 34606 US **SPRING HILL, FL 34611 US**

2. Principal Place of Business 3. Mailing Address

2288 Commercial Way **2288 Commercial Way**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



04182005 Chg-P CR2E034 (10/03)

City & State City & State

Spring Hill FL **Spring Hill FL**
 Zip Country Zip Country
34606 **US** **34606** **US**

4. FEI Number Applied For

20-0707687 Not Applicable

6. Name and Address of Current Registered Agent

WASIELEWSKI, ROBERT D
58 COMMERCIAL WAY
SPRING HILL, FL 34606

7. Name and Address of New Registered Agent

Name **MT VESTORS, INC / Robert D Wasielewski**
 Street Address (P.O. Box Number is Not-Acceptable)
2288 Commercial Way
 City **Spring Hill FL** Zip Code **34606**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P,D	<input type="checkbox"/> Delete
NAME	WASIELEWSKI, ROBERT D	
STREET ADDRESS	PO BOX 5037	
CITY-ST-ZIP	SPRING HILL, FL 34611	
TITLE	S,D	<input type="checkbox"/> Delete
NAME	WASIELEWSKI, DEBRA A	
STREET ADDRESS	PO BOX 5037	
CITY-ST-ZIP	SPRING HILL, FL 34611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Robert Wasielewski 4/15/05 352 428 4224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #