

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077331

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: MONTECITO UNO LAGO, INC.

**Current Principal Place of Business:**

7785 BAYMEADOWS WAY  
SUITE 200  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

7785 BAYMEADOWS WAY  
SUITE 200  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

FEI Number: 20-1116680      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAXWELL, DOUGLAS R  
10739 DEERWOOD PARK BLVD.  
SUITE 200A  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CONK, EDWARD W  
Address: 7785 BAYMEADOWS WAY, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: CONK, JOELLYN  
Address: 7785 BAYMEADOWS WAY, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: CONK, CHRISTOPHER  
Address: 7785 BAYMEADOWS WAY, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP ( ) Delete  
Name: ROGERS, BILL  
Address: 7785 BAYMEADOWS WAY, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP ( ) Delete  
Name: PORTER, JIM  
Address: 7785 BAYMEADOWS WAY, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP ( ) Delete  
Name: LONG, JAN  
Address: 7785 BAYMEADOWS WAY, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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 exemption stated 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 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: DOUGLAS R. MAXWELL

VP

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date