

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90069 047 \*\*\*550.00

DOCUMENT # P04000118596

1. Entity Name  
MONARCH LANDSCAPE DESIGN, INC.



Principal Place of Business  
80 COUNTRY CLUB RD.  
SHALIMAR, FL 32579

Mailing Address  
80 COUNTRY CLUB RD.  
SHALIMAR, FL 32579

50065604



08302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
1688 Glenwood Ct  
Suite, Apt. #, etc.

3. Mailing Address  
1688 Glenwood Ct  
Suite, Apt. #, etc.

City & State  
Nicerille FL  
Zip 32578 Country Okaloosa

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Nicerille FL  
Zip 32578 Country Okaloosa

4. FEI Number  
20-1561703  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LONG, LOUIS L JR  
1201 EGLIN PARKWAY  
SHALIMAR, FL 32579

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	P, S	<input type="checkbox"/> Delete
NAME	LONG, MARIE	
STREET ADDRESS	80 COUNTRY CLUB RD	
CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE	V, T	<input type="checkbox"/> Delete
NAME	LONG, LOUIS L JR	
STREET ADDRESS	80 COUNTRY CLUB RD	
CITY-ST-ZIP	SHALIMAR, FL 32579	
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: Marie Long MARIE LONG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/05

850-729-2898