

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT# P04000135777

1. Entity Name
MONTALCINO HOMES, INC.



Principal Place of Business

2925 W STATE RD 434
STE 111

LONGWOOD, FL 32779 US

Mailing Address

2925 W STATE RD 434
STE 111

LONGWOOD, FL 32779 US



04032007

NoChg-P

CR2E034(11/05)

4. FEI Number

43-206167

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOODMAN, BARRY S
2925 W STATE RD 434
STE 111
LONGWOOD, FL 32779

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when re-

instating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FREEDMAN, JEROME B
2925 W STATE RD 434 STE 111
LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GOODMAN, BARRY S
2925 W STATE RD 434 STE 111
LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
KNOWLES, LISA A
2925 W STATE RD 434 STE 111
LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HUGHEY, JOANNE
2925 W STATE RD 434 STE 111
LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or person 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 a letter like empowered.

SIGNATURE:

JEROME B. FREEDMAN, VICE PRESIDENT 4/6/07 407-865-5849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone#