


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90009 035 \*\*\*163.78

**DOCUMENT # P05000088007**

1. Entity Name  
**MONTURA LAND ASSOCIATES, INC.**



Principal Place of Business  
**53 CORAL DR.  
 KEY LARGO, FL 33037**

Mailing Address  
**53 CORAL DR.  
 KEY LARGO, FL 33037**

2. Principal Place of Business  
**53 Coral Drive**

3. Mailing Address  
**P.O. Box 1244**

Suite, Apt. #, etc.



07212006 Chg-P CR2E034 (11/05)

City & State  
**Key Largo, FLORIDA**

City & State  
**Key Largo, FLORIDA**

Zip  
**33037**

Country  
**USA**

4. FEI Number  
**75-3200816**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHERBIN, VALDIS  
 53 CORAL DR.  
 KEY LARGO, FL 33037**

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 \$150.00  
 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SCHERBIN, VALDIS	53 CORAL DR.	KEY LARGO, FL 33037	<input type="checkbox"/>
V	RICS, MARINA	53 CORAL DR.	KEY LARGO, FL 33037	<input type="checkbox"/>
V	SCHERBINS, ROSA	53 CORAL DR.	KEY LARGO, FL 33037	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 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 an other like empowered.

SIGNATURE: *V Scherbin* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_