

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2008 8:00 am
Secretary of State

05-15-2008 90030 050 ***150.00

DOCUMENT # P05000103838 1. Entity Name MONTICELLO CUSTOM HOMES, INC					
Principal Place of Business 3610 SHAMROCK WEST #5 TALLAHASSEE FL 32309			Mailing Address 3610 SHAMROCK WEST #5 TALLAHASSEE FL 32309		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 20-3397999				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/07)	
6. Name and Address of Current Registered Agent HODGES, STEPHEN M SR 3610 SHAMROCK WEST #5 TALLAHASSEE FL 32309			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 DATE 6/2/08 Signature, typed or printed name of registered agent and date of filing. (NOTE: Registered Agent signature required when transferring)					
FILE NOW!!! FEE IS \$150.00 After May-1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution ☐		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HODGES, STEPHEN M SR 3610 SHAMROCK WEST, STE #5 TALLAHASSEE FL 32309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.					
SIGNATURE: DATE 6/2/08 (850) 545-9777 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					