


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90030 045 ***150.00

DOCUMENT # P94000011754	
1. Entity Name MONTAFON DEVELOPMENT CORPORATION	

Principal Place of Business 7984 SE SARATOGA DR HOBE SOUND, FL 33455	Mailing Address C/O MCGRATH & MEYERS PA 5725 CORPORATE WAY, #101 WEST PALM BEACH, FL 33407
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34063000

DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0468595	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MEYERS, GAIL C CPA MCGRATH & MEYERS, P.A. 5725 CORPORATE WAY, SUITE 101 WEST PALM BEACH, FL 33407-2022	DO NOT WRITE IN THIS SPACE
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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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS STUCKLER, JOHANNES 7984 SE SARATOGA DR HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STUCKLER, ELISABETH 7984 SE SARATOGA DR HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEYERS, GAIL C CPA 5725 CORPORATE WAY, #101 WEST PALM BEACH, FL 33407
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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 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: *Johannes Stuckler* **JOHANNES STUCKLER** **02-24-2004** **561-684-6604**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #