

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000052877

1. Entity Name
MONTREAL HOTEL CORPORATION



Principal Place of Business
1001 E. ATLANTIC AVE., STE 202
DELRAY BEACH, FL 33483

Mailing Address
1000 MARKET ST
BLDG 1
PORTSMOUTH, NH 03801 US

DO NOT WRITE IN THIS SPACE



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME WALSH, MARK
STREET ADDRESS 1001 E. ATLANTIC AVE., STE 202
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE D
NAME WALSH, MICHAEL
STREET ADDRESS 1001 E. ATLANTIC AVE., STE 202
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE D
NAME WALSH, WILLIAM
STREET ADDRESS 1000 MARKET STREET BLDG 1
CITY-ST-ZIP PORTSMOUTH, NH 03801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000529535
05/05/06-80081-008 150.00

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 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:

Mark Walsh

Mark Walsh, Director

1/24/06

(561) 279-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9900