

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 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**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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)

000000914547

05/08/08-80069-009 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Walsh
William Walsh

Date

1/30/08

Daytime Phone #

(603) 559-2102