

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000058552

FILED
Apr 17, 2004
Secretary of State

Entity Name: MONTANA GRANDE CORPORATION

Current Principal Place of Business:

5185 SW 61 DR
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

PO BOX 1847
PALM CITY, FL 34991 US

New Mailing Address:

FEI Number: 65-0515122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWDISH, JAMES L S
555 COLORADO AVE
STUART, FL 34994 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FIX, JOHN
Address: PO BOX 1847 N/A
City-St-Zip: PALM CITY, FL

Title: DP () Delete
Name: FIX, JOHN
Address: P O BOX 1847
City-St-Zip: PALM CITY, FL

Title: ST () Delete
Name: FIX, JOHN
Address: P O BOX 1847
City-St-Zip: PALM CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN FIX

DP

04/17/2004

Electronic Signature of Signing Officer or Director

_____ Date