## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000079817

Name:

Address:

City-St-Zip:

FILED Apr 23, 2004 Secretary of State

Entity Nai	me: MONTIC	ELLO REALTY IN	VESTMENTS, IN	NC.		•	
Current Principal Place of Business:				New Principal Place of Business:			
	CKTON ST IVILLE, FL 322	204					
Current Mailing Address:				New Mailing Address:			
	CKTON ST IVILLE, FL 322	204					
FEI Number:	: 59-3520728	FEI Number Appl	lied For()  I	El Number Not Appli	cable ( )	Certificate of Status Desired	( )
Name and	Address of (	Current Register	ed Agent:	Name and	Address o	f New Registered Agent:	
DEAN, THOMAS S 1604 STOCKTON ST JACKSONVILLE, FL 32204 US				ROBERTS, WILLIAM R 1604 STOCKTON ST JACKSONVILLE, FL 32204 US			
	named entity e of Florida.	submits this state	ment for the purp	oose of changing it	s registered	d office or registered agent, o	or both,
SIGNATUR	RE: WILLIAM	R. ROBERTS				04/23/2004	
	Electro	nic Signature of R	egistered Agent			Date	
Election Car	mpaign Financin	g Trust Fund Contril	bution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DST ( DEAN, HENRY 1604 STOCKT JACKSONVILL	ON ST		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD ( DEAN, THOMA 1604 STOCKT JACKSONVILL	ON ST		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V.D. ( FOSTER, SCO 1604 STOCKT JACKSONVILL	ON ST.		Title: Name: Address: City-St-Zip:	FOSTER, SO 1604 STOCK		
Title:	(	) Delete		Title:	AS	( ) Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

ROBERTS, WILLIAM R

JACKSONVILLE, FL 32210

4275 GENOA

SIGNATURE: WILLIAM R. ROBERTS AS 04/23/2004