

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90174 035 ***150.00

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DOCUMENT # P97000106489 1. Entity Name MONTY SANITATION INC.			
Principal Place of Business 7940 MAINLINE PKWY. FORT MYERS, FL 33913 US		Mailing Address 7940 MAINLINE PKWY. FORT MYERS, FL 33913 US	
2. Principal Place of Business 1475 Forestry Division Rd Suite, Apt. #, etc.		3. Mailing Address 1475 Forestry Division Rd Suite, Apt. #, etc.	
City & State LaBelle, FL Zip 33935 Country		City & State LaBelle, FL Zip 33935 Country	
4. FEI Number 59-3491703		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 MONTGOMERY, ROBERT MARVIN SR. 7940 MAINLINE PKWY. FORT MYERS, FL 33913		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1475 Forestry Division Rd City LaBelle FL Zip Code 33935	
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: <u><i>Robert Marvin Montgomery Sr.</i></u> 2/22/05 DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTGOMERY, ROBERT MARVIN JR 7940 MAINLINE PKWY. FORT MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1475 Forestry Division Rd LaBelle, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MONTGOMERY, ROBERT MARVIN SR 7940 MAINLINE PKWY. FORT MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1475 Forestry Division Rd LaBelle, FL 33935
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Robert Marvin Montgomery Sr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2/22/05</u> <small>Date Daytime Phone #</small>	