


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00-AM
Secretary of State

DOCUMENT # P99000054084 1. Entity Name MONTABREEZE, INC.	
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Principal Place of Business 6453 OLD DIXIE HIGHWAY FT. PIERCE, FL 34946	Mailing Address 6453 OLD DIXIE HIGHWAY FT. PIERCE, FL 34946
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02132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0952502	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent MCHUGH, JOHN J JR 333 17TH STREET, SUITE U VERO BEACH, FL 32960	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHNEIDER, MATTHEW P 1928 WYOMING AV FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAMS, MARIE S 6481 OLD DIXIE HWY FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JENKINS, TERESA S 6453 OLD DIXIE HWY FORT PIERCE, FL 34946
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Teresa S Jenkins Teresa S Jenkins 2-13-04 7724605589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #