

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90228 028 \*\*\*150.00

**DOCUMENT # P99000081327**

1. Entity Name  
**MONOLITH VII, INC.**



Principal Place of Business

**7715 LAKE WORTH RD  
PMB 316  
LAKE WORTH, FL 33462**

Mailing Address

**7318 LAKE WORTH RD  
LAKE WORTH, FL 33462**



2. Principal Place of Business

**7765 LAKE WORTH RD**

3. Mailing Address

**7765 LAKE WORTH RD**

Suite, Apt. #, etc.

**# 316**

Suite, Apt. #, etc.

**# 316**

04292004

Chg-P

CR2E034 (10/03)

City & State

**LAKE WORTH FL**

City & State

**LAKE WORTH, FL**

4. FEI Number

**65-0946237**

Applied For

☐ Not Applicable

Zip

**33462**

Country

**PALESTINE**

Zip

**33462**

Country

**PALESTINE**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RATFIELD, LOUIS W  
7715 LAKE WORTH RD  
LAKE WORTH, FL 33462**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**7765 LAKE WORTH RD # 316**

City

**LAKE WORTH**

**FL**

Zip Code

**33462**

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

*L. W. Ratfield*

Signature, typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-29-04**

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  
RATFIELD, LOUIS W  
7715 LAKE WORTH RD., PMB 16  
LAKE WORTH, FL 33462**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**7765 LAKE WORTH RD # 316**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*L. W. Ratfield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-04**

Date

Daytime Phone #