

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # V29740</b>	
1. Entity Name <b>MONTURA LAND AND CATTLE, INC.</b>	



FILED

05 OCT 18 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10132005 Chg-P CR2E034 (10/03)

Principal Place of Business <b>1324 S MAIN STREET BELLE GLADE, FL 33430 US</b>	Mailing Address <b>1324 S. MAIN ST. BELLE GLADE, FL 33430 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0344521</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ALSTON, CALVIN D. 1324 S. MAIN ST. BELLE GLADE, FL 33430</b>		7. Name and Address of New Registered Agent Name <b>H.E. Hill</b> Street Address (P.O. Box Number is Not Acceptable) <b>1324 South Main St</b> City <b>Belle Glade</b> FL <b>33430</b>	
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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 <b>[Signature]</b> Signature, typed or printed name of registered agent and title if applicable.	<b>H.E. Hill Pres. D</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>10-8-05</b>

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, H. E 1324 S. MAIN STREET BELLE GLADE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300060694693</b> <b>10/18/05--01009--001 **\$61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALVAREZ, LOUIS 335 NORTH DEVILS GARDEN RD. CLEWISTON, FL <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	S ALSTON, CALVIN D 1324 S. MAIN STREET BELLE GLADE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ALSTON, BARBARA H</b> <b>1324 S. Main Street</b> <b>Belle Glade FL 33430</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>[Signature]</b> <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
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: <b>[Signature]</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>H.E. Hill Pres. D</b> Date <b>10/8/05</b> Daytime Phone # <b>561-722-3049</b>