

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P02000062710**  
 1. Entity Name  
**MONTGOMERY HAMILL, INC**



Principal Place of Business  
 1660 SW BELGRAVE TERRACE  
 STUART, FL 34997

Mailing Address  
 1660 SW BELGRAVE TERRACE  
 STUART, FL 34997

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Jun 11, 2008 08:00 AM**  
**Secretary of State**



06032008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**47-0873228** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HAMILL, MONTGOMERY C**  
 1660 SW BELGRAVE TERRACE  
 STUART, FL 34997

**DO NOT WRITE IN THIS SPACE**

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**  
**Due by September 12, 2008**

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

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HAMILL, MONTGOMERY C 1660 SW BELGRAVE TERRACE STUART, FL 34997
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U00000953019  
 06/11/08-80003-020 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: MONTGOMERY C HAMILL *[Signature]* 6/11/08 (772) 486 6157  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #