

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000098193

**Entity Name:** MONTGOMERY RETIREMENT PLAN ADVISORS, INC.

**Current Principal Place of Business:**

14502 N. DALE MABRY HIGHWAY  
SUITE 328  
TAMPA, FL 33618

**Current Mailing Address:**

14502 N. DALE MABRY HIGHWAY  
SUITE 328  
TAMPA, FL 33618

**FEI Number:** 20-1282987

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MONTGOMERY, WILLIAM M  
604 WATERWOOD COURT  
LUTZ, FL 33548 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PCEO  
Name MONTGOMERY, WILLIAM M  
Address 604 WATERWOOD COURT  
City-State-Zip: LUTZ FL 33548

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** WILLIAM MICHAEL MONTGOMERY

**PRESIDENT**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date