#### 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

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

Date

01/17/2020

Date

# Certificate of Status Desired: No

TAMPA, FL 33618

### **Current Mailing Address:**

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

# FEI Number: 20-1282987

# 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

#### **Officer/Director Detail :**

PCEO Title MONTGOMERY, WILLIAM M Name 604 WATERWOOD COURT Address

City-State-Zip: LUTZ FL 33548

FILED Jan 17, 2020 Secretary of State 1840074295CC

### **2020 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