

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000088048

Entity Name: MONTAGUE ENTERPRISES, INC.**Current Principal Place of Business:**1004 COLLIER CENTER WAY
SUITE 206
NAPLES, FL 34110**Current Mailing Address:**1004 COLLIER CENTER WAY
SUITE 206
NAPLES, FL 34110 US**FEI Number:** 20-5135003**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONTAGUE, JAMES
1004 COLLIER CENTER WAY
SUITE 206
NAPLES, FL 34110 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:** JAMES MONTAGUE

04/22/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|--------------------------------------|
| Title | PTD |
| Name | MONTAGUE, JAMES |
| Address | 1004 COLLIER CENTER WAY SUITE 206 |
| City-State-Zip: | NAPLES FL 34110 |

| | |
|-----------------|--------------------------------------|
| Title | VSD |
| Name | MONTAGUE, VALERIE |
| Address | 1004 COLLIER CENTER WAY SUITE 206 |
| City-State-Zip: | NAPLES FL 34110 |

| | |
|-----------------|--------------------------------------|
| Title | OTHER |
| Name | HUDSON, MICHELLE |
| Address | 1004 COLLIER CENTER WAY SUITE 206 |
| City-State-Zip: | NAPLES FL 34110 |

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: JAMES MONTAGUE**PRESIDENT & CEO**

04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date