


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 211927 1. Entity Name C. CALVERT MONTGOMERY & ASSOCIATES, INC.	
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Principal Place of Business 959 S. FEDERAL HWY STUART, FL 34994 US	Mailing Address P. O. BOX 92 STUART, FL 34995
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DO NOT WRITE IN THIS SPACE



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0836714	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTGOMERY, C CALVERT
925 NW EGRET CT
STUART, FL 34994

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS ~~\$150.00~~
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MONTGOMERY, JEAN E 925 NW EGRET CIRCLE STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MONTGOMERY, SCOTT T 816 WEIR ST STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MONTGOMERY, C CALVERT 925 NW EGRET CIRCLE STUART, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SPEEDY, ARTHUR H. 4110 S.E. OLD ST. LUCIE BLVD STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/11/05-800005-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____