2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 504173

1. Entity Name

MONTGOMERY LAND COMPANY



FILED Apr 15, 2004 8:00 am Secretary of State

04-15-2004 90018 050 ***150.00

Principal Place of Business Mailing Address 94051951 13400 SUTTON PK DR S 13400 SUTTON PK DR S **SUITE 1402 SUITE 1402** JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied Fo 59-1672786 Not Applic Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONTGOMERY, MITCHELL R. Street Address (P.O. Box Number is Not Acceptable) 13400 SUTTON PK DR S #1402 JACKSONVILLE, FL 32224 Zip Code 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-10. 11. PTD TITLE ☐ Delete TITLE Ad Ad nathaniel Cain Hughs MONTGOMERY, MITCHELL R NAME NAME 13400 Sutton PK Dr 5, =1402 STREET ADDRESS 13400 SUTTOR PK DR S #1402 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32224 CITY-ST-ZIP Jacksonville VP Delete Change ☐ Ad TITLE TITLE HITE, PATSY A. NAME NAME STREET ADDRESS 13400 SUTTOR PK DR S #1402 STREET ADDRESS JACKSONVILLE, FL. 32224 CITY-ST-ZIF CITY-ST-ZIP TITLE VΡ Delete ☐ Change ☐ Ad TITLE NAME LEINWOHL, RONALD J NAME STREET ADDRESS 13400 SUTTOR PK DR S #1402 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32224 CITY-ST-ZIP VΡ ☐ Ad TITLE Delete TITLE Change RUDOLPH, MAURICE NAME NAME STREET ADDRESS 13400 SUTTOR PK DR S #1402 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32224 CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY=ST-ZIP ---CITY-ST-ZIP ☐ · Delete TITLE LONG NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-04

904-821-7171

Daytime Phone #