

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 08:00 AM
Secretary of State

DOCUMENT #515727

1. Entity Name
MONTGOMERY VENTURES, INC.



Principal Place of Business
**1-75 & CR 234
MIGANOPY, FL 32667 US**

Mailing Address
**P.O. BOX 217
MIGANOPY, FL 32667**

DO NOT WRITE IN THIS SPACE



08242004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-1690435** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MONTGOMERY, MARK
2522 S.W. 9TH DRIVE
GAINESVILLE, FL 32601**

**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 resigning)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MONTGOMERY, MARK 1-75 & CR 234 MIGANOPY, FL 32667 |
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08/26/04-80003-007 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 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: *Mark Montgomery* **MARK Montgomery** 8/24/04 352466 3534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #