


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 639194 1. Entity Name MONTAGUE & ASSOCIATES, INC.	
---	---

Principal Place of Business 521 NE 1ST STREET SUITE B GAINESVILLE, FL 32601-5393 US	Mailing Address 521 NE 1ST STREET SUITE B GAINESVILLE, FL 32601-5393 US
--	--

DO NOT WRITE IN THIS SPACE



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1943915	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

MONTAGUE, JAMES B
 521 NE 1ST ST
 SUITE B
 GAINESVILLE FL, FL

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing it's registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PD MONTAGUE, JAMES B 521 NE 1ST STREET SUITE B GAINESVILLE FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTAGUE, KATE E 521 NE 1ST STREET SUITE B GAINESVILLE FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TRIGG, KATHERINE MONTAGU 521 NE 1ST STREET SUITE B GAINESVILLE FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000114225
 04/15/04-80040-020 150.00

DO NOT WRITE IN THIS SPACE

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 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: Katherine M. Trigg **4/13/04** **352-377-3131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #