


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1943915 Not Applicable

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

8. Name and Address of Current Registered Agent
MONTAGUE, JAMES B
521 NE 1ST ST
SUITE B
GAINESVILLE FL, FL

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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	

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 04/14/05-80012-020 150.00

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: Katherine M. Trigg Date: 4/12/05 Daytime Phone #: 904-859-0113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR