

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

| | | | |
|---|---|--|--|
| DOCUMENT # G20379 | |  | |
| 1. Entity Name THOMAS MONTGOMERY, P.A. | | | |
| Principal Place of Business 1 S.E. AVE EAST P. O. BOX 1510 BELLE GLADE, FL 33430-3501 | Mailing Address 1 S.E. AVE EAST P. O. BOX 1510 BELLE GLADE, FL 33430-3501 |  | |
| DO NOT WRITE IN THIS SPACE | | 03242005 No Chg-P CR2E034 (10/03) | |
| | | 4. FEI Number 65-0640348 | |
| | | Applied For <input type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MONTGOMERY, THOMAS 1 SE AVE. E BELLE GLADE, FL 33430 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | 000000283405 04/01/05-80024-023 150.00 | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MONTGOMERY, THOMAS 1 S.E. AVE. "E" BELLE GLADE, FL 00000, | | |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 3/28/05 <small>Daytime Phone #</small> | |