

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G20379

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** THOMAS MONTGOMERY, P.A.

**Current Principal Place of Business:**

1 S.E. AVE EAST  
P. O. BOX 1510  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

1 S.E. AVE EAST  
BELLE GLADE, FL 33430

**Current Mailing Address:**

1 S.E. M.L. KING JR. BLVD.  
P. O. BOX 1510  
BELLE GLADE, FL 334303501

**New Mailing Address:**

**FEI Number:** 65-0640348      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONTGOMERY, THOMAS  
1 SE M.L. KING JR. BLVD.  
BELLE GLADE, FL 33430      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** MONTGOMERY, THOMAS DP  
**Address:** 1 S.E. M. L. KING JR. BLVD.  
**City-St-Zip:** BELLE GLADE, FL 33430

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS MONTGOMERY

PRES

03/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date