

FROM :

FAX NO. :13527320542

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Jul 11, 2008 8:00 am**  
**Secretary of State**

07-11-2008 90019 008 \*\*\*150.00

**DOCUMENT # K54268**1. Entity Name  
MONTGOMERY FARM, INC.

Principal Place of Business

COUNTY ROAD 225  
P.O. BOX 641  
FAIRFIELD, FL 32634

Mailing Address

COUNTY ROAD 225  
P.O. BOX 641  
FAIRFIELD, FL 32634

40110410



07082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
59-2919917Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SALTER, JAMES D.  
703 N.E. FIRST ST.  
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 reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**9. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00 May Be**  
**Added to Fees****10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WHEELER, CRAIG L.
STREET ADDRESS	COUNTY ROAD 225
CITY - ST - ZIP	FAIRFIELD, FL
TITLE	D
NAME	WHEELER, ELIZABETH K.
STREET ADDRESS	COUNTY ROAD 225
CITY - ST - ZIP	FAIRFIELD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/08 352-591-1924

Date

Daytime Phone #

ATTACHMENT

40110710

# 154268

MONTGOMERY FARM  
P. O. BOX 641  
FAIRFIELD, FLORIDA 32634

JULY 9, 2008

DIVISION OF CORPORATIONS  
P. O. BOX 8800  
TALLAHASSEE, FLORIDA 32314

TO WHOM IT MAY CONCERN:

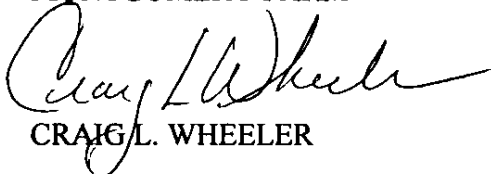
PLEASE BE ADVISED THAT WE RECEIVED NOTICE OF DISSOLUTION ON JULY 8<sup>TH</sup>.

.WE DID NOT RECEIVE THE ORIGINAL POST CARD NOTICE FOR 2008 FILING. WE  
ARE REQUESTING THAT YOU REMOVE THE PENALTY.

WE ARE ENCLOSING THE FEE OF \$150.00, CHECK # 6270.

THANK YOU,.

SINCERELY,  
MONTGOMERY FARM

  
CRAIG L. WHEELER