2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000059354

Entity Name

MONTGOMERY & ASSOCIATES OF NW FLORIDA, INC.

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable



Principal Place of Business

913 GULF BREEZE PARKWAY SUITE 12-A

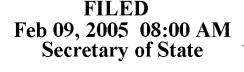
GULF BREEZE, FL 32561

Mailing Address

913 GULF BREEZE PARKWAY

SUITE 12-A

GULF BREEZE, FL 32561





DO NOT WRITE IN THIS SPACE

01192005 No Chg-P CR2E034 (10/03)

	~ TE	
04-3677356		Not Applicable
4. FEI Number		Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

MONTGOMERY, ROBERT B JR.
913 GULF BREEZE PARKWAY
SUITE 12-A
GULF BREEZE, FL 32561

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.

(NOTE, Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Etection Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

ATTO IVI	ay 1, 2005 Fee will be \$550.00			
10.	OFFICERS AND DIRECT	ORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, ROBERT 715 MALDONADO DRIVE PENSACOLA BEACH, FL 32561	. — •	···-	Legopootopo
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000222045 02/09/05-80057-003 150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·
TITLE NAME STREET ADDRESS				

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 attackment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05

950-932-3619

Daytime Phone #