


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2004 8:00 am**  
**Secretary of State**

01-22-2004 90003 030 \*\*\*150.00

DOCUMENT # P03000009788	
1. Entity Name MONTGOMERIE FINANCIAL, INC.	

Principal Place of Business <del>10 FAIRWAY DR., STE. 210</del> <del>DEERFIELD BEACH, FL 33441</del> 1900 NW CORPORATE BLVD. SUITE 400 E BOCA RATON, FL 33431	Mailing Address <del>10 FAIRWAY DR., STE. 210</del> <del>DEERFIELD BEACH, FL 33441</del> 1900 NW CORPORATE BLVD. SUITE 400 E BOCA RATON, FL 33431
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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01102004 Chg-P CR2E034 (10/03)

4. FEI Number 57-1148455	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MONTGOMERIE, RUSSELL <del>10 FAIRWAY DR., STE. 210</del> 1900 NW CORPORATE BLVD. <del>DEERFIELD BEACH, FL 33441</del> SUITE 400 E BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete MONTGOMERIE, RUSSELL 1900 NW CORPORATE BLVD <del>10 FAIRWAY DR., STE. 210</del> SUITE 400 E <del>DEERFIELD BEACH, FL 33441</del> BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Russell E. Montgomery, Pres</i>	Date: 1/14/04	Telephone: (561) 237-3001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		