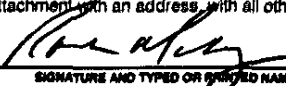


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90009 045 ***150.00

DOCUMENT # P03000021825			
1. Entity Name MONTGOMERY-MCLEOD, INC.			
Principal Place of Business 6653 POWERS AVE STE 22 JACKSONVILLE, FL 32217		Mailing Address 6653 POWERS AVE STE 22 JACKSONVILLE, FL 32217	
2. Principal Place of Business 6018 STETSON ROAD		3. Mailing Address 6018 STETSON ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE		City & State JACKSONVILLE	
Zip 32217	Country DUVAL	Zip 32217	Country DUVAL
4. FEI Number 043742727		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MONTGOMERY, ROBERT 6653 POWERS AVE STE 22 JACKSONVILLE, FL 32217 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MONTGOMERY, ROBERT 6018 STETSON ROAD JACKSONVILLE, FL 32217 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MCLEOD, LEE 6653 POWERS AVE STE 22 JACKSONVILLE, FL 32217 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MCLEOD, THOMAS LEE 6653 POWERS AVE #22 JACKSONVILLE, FL 32217 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MONTGOMERY, ROBERT JR. 6018 STETSON ROAD JACKSONVILLE, FL 32217 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		ROBERT MONTGOMERY 04-10-04 (904) 635-3139	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

54032206



02022004 Chg-P CR2E034 (10/03)