


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/12/

**FILED**  
**Jun 18, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90673 007 \*\*\*150.00

<b>DOCUMENT # P03000030280</b> 1. Entity Name <b>MONTGOMERY AUTO SALES INC</b>																					
Principal Place of Business <b>3866 REID STREET PALATKA, FL 32177</b>		Mailing Address <b>3866 REID STREET PALATKA, FL 32177</b>																			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 882</b> Suite, Apt. #, etc.																			
City & State <b>EAST PALATKA FL</b>		4. FEI Number <b>59-3500651</b>																			
Zip <b>32131</b>		Country <b>USA</b>																			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable																			
6. Name and Address of Current Registered Agent <b>MONTGOMERY, THOMAS 3866 REID STREET PALATKA, FL 32177</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>P.O. Box 882</b> City <b>EAST PALATKA FL</b> Zip Code <b>32131</b>																			
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 _____ <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>MONTGOMERY, THOMAS</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>3866 REID STREET PALATKA, FL 32177</b></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<b>MONTGOMERY, THOMAS</b>		CITY-ST-ZIP	<b>3866 REID STREET PALATKA, FL 32177</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>P.O. Box 882</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>EAST PALATKA, FL 32131</b></td> <td></td> </tr> </table>		TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<b>P.O. Box 882</b>		CITY-ST-ZIP	<b>EAST PALATKA, FL 32131</b>	
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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: <b>L. S. Montgomery</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>April 9, 2004</b> Daytime Phone # <b>904-355-8388</b>																			