


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P03000121856 1. Entity Name MONTGOMERY ELECTRICAL SERVICES INC.	
--	---

Principal Place of Business 1709 SHERWOOD ST CLEARWATER, FL 33755	Mailing Address 1709 SHERWOOD ST CLEARWATER, FL 33755
---	---

DO NOT WRITE IN THIS SPACE



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number 86-1086472	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTGOMERY, CHRISTINA
1709 SHERWOOD ST
CLEARWATER, FL 33755

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000866298 04/08/08-80020-021 150.00
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MONTGOMERY, CHARLES 1709 SHERWOOD ST CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MONTGOMERY, CHRISTINE 1709 SHERWOOD ST CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:  **17 Mar 08 (727) 447-1540**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #