

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

03-05-2004 90024 050 ***150.00
04-28-2004 90263 002 ***150.00

DOCUMENT # P03000139188

1. Entity Name
MONTY'S CONSTRUCTION, INC.



Principal Place of Business
142 CESSNA DR
YULEE, FL 32097

Mailing Address
142 CESSNA DR
YULEE, FL 32097

24058699

2. Principal Place of Business
69100 CESSNA DR.
Suite, Apt. #, etc.

3. Mailing Address
69100 CESSNA DR.
Suite, Apt. #, etc.



04262004 Chg-P CR2E034 (10/03)

City & State
YULEE, FL, 32097
Zip
32097 Country
NASSAU

City & State
YULEE, FL
Zip
32097 Country
NASSAU

4. FEI Number
20-0425226 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent

BARNES & JAMES, P.A.
2629 BLAIR STONE RD
TALLAHASSEE, FL 32301

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

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

(NOTE: Registered Agent signature required when reinstalling)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MONTGOMERY, LARRY SR	
STREET ADDRESS	142 CESSNA DR	
CITY-ST-ZIP	YULEE, FL 32097	
TITLE	V	<input type="checkbox"/> Delete
NAME	MONTGOMERY, LARRY JR	
STREET ADDRESS	142 CESSNA DR	
CITY-ST-ZIP	YULEE, FL 32097	
TITLE	V	<input type="checkbox"/> Delete
NAME	MONTGOMERY, GINGER K	
STREET ADDRESS	142 CESSNA DR	
CITY-ST-ZIP	YULEE, FL 32097	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	69100 CESSNA DR.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	69100 CESSNA DR.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	69100 CESSNA DR.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-04 912-729 4740