
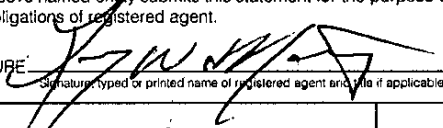
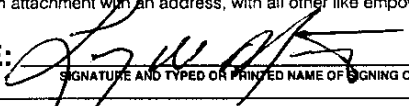


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90197 016 ***150.00

DOCUMENT # P03000139188 1. Entity Name MONTY'S CONSTRUCTION, INC.					
Principal Place of Business 69100 CESSNA DR YULEE, FL 32097			Mailing Address 69100 CESSNA DR YULEE, FL 32097		
2. Principal Place of Business 4102 PINEGRUE RD.		3. Mailing Address P.O. BOX 610			
Suite, Apt. #, etc. FL		Suite, Apt. #, etc. 			
City & State FERNANDINA BCH		City & State YULEE, FL		4. FEI Number 20-0425226	
Zip 32034		Country NASSAU		5. Certificate of Status Desired <input type="checkbox"/> \$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 LARRY MONTGOMERY, SR. Street Address (P.O. Box Number is Not Acceptable) 4102 PINEGROVE RD. City FERNANDINA BCH FL Zip Code 32034		
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:  DATE: 4-27-05 <small>(NOTE: Registered Agent signature required when reinstalling)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MONTGOMERY, LARRY SR 69100 CESSNA DR. YULEE, FL 32097	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONTGOMERY, LARRY JR 69100 CESSNA DR. YULEE, FL 32097	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONTGOMERY, GINGER K 69100 CESSNA DR. YULEE, FL 32097	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 		Date: 4-19-05 Daytime Phone #: 904-753-7572			