

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90031 035 ***150.00

DOCUMENT # P03000139188

1. Entity Name
MONTY'S CONSTRUCTION, INC.



Principal Place of Business
4102 PINEGROVE ROAD
FERNANDINA BEACH, FL 32034

Mailing Address
P O BOX 610
YULEE, FL 32041

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO BOX 6446

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FERNANDINA BCH, FL

Zip

Country

Zip

Country

32035

NASSAU

01252007

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

MONTGOMERY, LARRY SR
4102 PINEGROVE ROAD
FERNANDINA BEACH, FL 32034

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	4102 PINEGROVE ROAD	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	V	<input type="checkbox"/> Delete
NAME	MONTGOMERY, LARRY JR	
STREET ADDRESS	4102 PINEGROVE ROAD	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	V	<input type="checkbox"/> Delete
NAME	MONTGOMERY, GINGER K	
STREET ADDRESS	4102 PINEGROVE ROAD	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:

Larry Montgomery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/07 904-277-3246
Date Daytime Phone #