2005 FOR PROFIT CORPORATION

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Apr 13, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P04000024984 04-13-2005 90054 033 ***150.00 1. Entity Name MARSHALL MONTGOMERY - REMODELING INC. Principal Place of Business Mailing Address AAAF10 3405 ANTON CT 3405 ANTON CT NAPLES, FL 34109 NAPLES, FL 34109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072005 CR2E034 (10/03) 4. FEI Number City & State City & State Applied For 51-05048*1*0 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONTGOMERY, MARSHALL Street Address (P.O. Box Number is Not Acceptable) 3405 ANTON CT NAPLES, FL 34109 City 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change Addition MONTGOMERY, MARSHALL NAME NAME STREET ADDRESS 3405 ANTON CT STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-7P CITY-ST-70 TIFLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CNY-ST-ZIP CITY-ST-ZIP Defete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TILE Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

FILED

☐ Change

☐ Addition

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.

CITY-ST-ZIP

STREET ADDRESS

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NAME

□ Delete

SIGNATURE: MONTANT MARSHAU MONTANTERY	4/10/05	(239	1) 514-2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #