


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90083 042 ***150.00

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| DOCUMENT # P93000008454 |  |
| 1. Entity Name D.W. MONTGOMERY & COMPANY, INC. | |

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| Principal Place of Business 608 MANATEE DR SATELLITE BEACH, FL 32937 | Mailing Address 608 MANATEE DR SATELLITE BEACH, FL 32937 |
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| 2. Principal Place of Business - No P.O. Box # 1103 W Hibiscus Blvd | 3. Mailing Address 1103 W Hibiscus Blvd |
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| Suite, Apt. #, etc. Suite 310 | Suite, Apt. #, etc. Suite 310 |
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|--------------------------------------|--------------------------------------|
| City & State Melbourne, FL | City & State Melbourne, FL |
|--------------------------------------|--------------------------------------|

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|---------------------|-----------------------|---------------------|-----------------------|
| Zip 32901 | Country USA | Zip 32901 | Country USA |
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10000000



01312007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 59-3165437 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent JACOBY, DAVID H 1581 ROBERT J. CONLAN BLVD NE STE 100 PALM BAY, FL 32905 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PTD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MONTGOMERY, DAVID W SR | | NAME | |
| STREET ADDRESS 608 MANATEE DR | | STREET ADDRESS | |
| CITY-ST-ZIP SATELLITE BEACH, FL 32937 | | CITY-ST-ZIP | |
| TITLE President | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME David W. Montgomery Jr, | | NAME | |
| STREET ADDRESS 897 Haftez Street | | STREET ADDRESS | |
| CITY-ST-ZIP Palm Bay, FL 32907 | | CITY-ST-ZIP | |
| TITLE VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME David W. Montgomery III | | NAME | |
| STREET ADDRESS 159 Paradise Blvd Ste 4 | | STREET ADDRESS | |
| CITY-ST-ZIP Indialantic, FL 32903 | | CITY-ST-ZIP | |
| TITLE Treasurer | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Paul J. Montgomery | | NAME | |
| STREET ADDRESS 24 Bloomingdale Ave | | STREET ADDRESS | |
| CITY-ST-ZIP Cranford, NJ 07016 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: _____ Date: **2-1-07** Daytime Phone #: **321-953-9840**