2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State
03-19-2008 90022 012 ***158.75

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1. Entity Name
D.W. MONTGOMERY & COMPANY, INC.

Principal Place of Business	Mailing Address
1103 W HIBISCUS BLVD STE 310 MELBOURNE, FL 32901	1103 W HIBISCUS BLVD STE 310 MELBOURNE, FL 32901

400485U3

01232008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3165437
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBY, DAVID H
1581 ROBERT J. CONLAN BLVD NE
STE 100
PALM BAY, FL 32905

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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 _____ 1/3/08
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, 2008 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
NAME	MONTGOMERY, DAVID W JR
STREET ADDRESS	897 HAFTEZ STREET
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	VP
NAME	MONTGOMERY, DAVID III
STREET ADDRESS	159 PARADISE BLVD STE 4
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	T
NAME	MONTGOMERY, PAUL J
STREET ADDRESS	24 BLOOMINGDALE AVE
CITY-ST-ZIP	CRANFORD, NJ 07016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/3/08 321 953 9860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #