2005 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT						, 2005	
DOCUMENT # P94000052039					· Seci	retary o	of State
1. Entity Name MONTGOMERY PAINT CO., INC.				r '+			
WONTO	JWENT FAIRT CO., INC.						
		Mailing Address					
5940 SAUFI	LEY PINES I, FL 32526 US	5940 Saufley Pines Pensacola, FL 32526 US					
PENSAUULA	*LF 35950 03	PENGAWULA, FL GEGEG 03	,	* frieinen ne f	2011 Start 2201 2211 Mait) 2		
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DO NOT WRITE IN THIS SPACE				02162005	No Chg-P	CR2E034 (10/0	03)
L	JU NUI WHILE	IN THIS SPAY	CE	4. FEI Number			Applied For
	44.2			59-3260		- \$8.75	Not Applicable Additional
				Certificate of	Status Desired	Fee Requ	
	6. Name and Address of Current Reg	jistered Agent					
	MERY, WAYNE	i		DO I	NOT WE	RITE	Maragoria de l 1991 - Deligio
	IFLEY PINES RD DLA, FL 32526				Bariabari		dijahkinga Serrasi dalah
	•	!		IIV 1	HIS SP/	ソレロ	
	e named entity submits this statement for the tions of registered agent.	e purpose of changing its register	ed office or registere	ed agent, or both,	in the State of Florid	ta. I am familiar w	ith, and accept
			•				
SIGNATURE.	Signature, typed or printed name of registered agent and to	tle f applicable. (NOTE: Registere	d Agent signature required w	vhen reinstating)		DATE	
	E NOW!!! FEE IS \$150,00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		00 May Be d to Fees			
10.	OFFICERS AND DIR	ECTORS					
TITLE NAME	D MONTGOMERY, WAYNE	*** 1 1					
STREET ADDRESS	5940 SAUFLEY PINES	•					
CITY-ST-ZIP	PENSACOLA, FL 32526	-			oz illi oria		en ra
TITLE NAME							
STREET ADDRESS	·						
TITLE							Array Andreas
NAME					TERRET HARAKETARI KARAMETER BETER 1911		
STREET ADDRESS CITY-ST-ZIP		1		DO I	NOT WE	RITE	abiii (izmelen: 111111111
TITLE					Accession of the Control of the Cont	kalancarrakatan di takarakarakan di .	
SMAN	_	1		HV K	HIS SPA		
STREET ADDRESS CITY-ST-ZIP	_	!					
TITLE							addlábí sásásásás Halam Halakí
NAME		!					
STREET ADDRESS City-St-Zip		!					
TITLE							
11754		· · · · · · · · · · · · · · · · · · ·			ski kiriring kalang		

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 oalt; 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:

STREET ADDRESS CITY-ST-ZIP

850-455.5565

Daytime Phone #