


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90023 050 ***150.00

DOCUMENT # P96000027526	
1. Entity Name DEAN MONTGOMERY ASSOCIATES, INC.	

Principal Place of Business 12360 66TH ST N A-4 LARGO, FL 33773 US	Mailing Address 12360 66TH ST N A-4 LARGO, FL 33773 US
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40012825



2. Principal Place of Business 11120 58th Ave N. Suite, Apt. #, etc. Suite D City & State Seminole, FL Zip 33772 Country Pinellas	3. Mailing Address 11120 58th Ave N. Suite, Apt. #, etc. Suite D City & State Seminole, FL Zip 33772 Country Pinellas
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01312006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3378042	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTGOMERY, DEAN 12360 66TH ST N., V-3 LARGO, FL 33773	
7. Name and Address of New Registered Agent Name Dean Montgomery Street Address (P.O. Box Number is not Acceptable) 11120 58th Ave. N. Suite D City Seminole FL Zip Code 33772	

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: H. Dean Montgomery Jr. DATE: 1/31/06

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P MONTGOMERY, H. DEAN JR. 12360 66TH ST N., V-3 LARGO, FL 33773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President H. Dean Montgomery Jr. 11120 58th Ave N. Suite D Seminole, FL 33772 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: H. Dean Montgomery Jr. H. Dean Montgomery Jr. 1/31/06 721-319-0203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #