

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2004 08:00 AM
Secretary of State**

DOCUMENT # P97000035344

1. Entity Name

S MONTAGUE & COMPANY, INC.



Principal Place of Business

**10090 GROVE LANE
COOPER CITY, FL 33328**

Mailing Address

**10090 GROVE LANE
COOPER CITY, FL 33328**



01212004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0756390

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCMILLIAN, S M JR
10090 GROVE LANE
COOPER CITY, FL 33328**

**DO NOT WRITE
IN THIS SPACE**

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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE CP
NAME MCMILLIAN, SAMUEL M JR.
STREET ADDRESS 10090 GROVE LANE
CITY-ST-ZIP COOPER CITY, FL 33328**

**TITLE VSD
NAME MCMILLIAN, ANA D
STREET ADDRESS 10090 GROVE LANE
CITY-ST-ZIP COOPER CITY, FL 33328**

**TITLE D
NAME MCMILLIAN, ARIANA G
STREET ADDRESS 10090 GROVE LANE
CITY-ST-ZIP COOPER CITY, FL 33328**

**TITLE D
NAME MCMILLIAN, LOUIS S
STREET ADDRESS 10090 GROVE LANE
CITY-ST-ZIP COOPER CITY, FL 33328**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

U000000012678
01/26/04-80019-023 150.00

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

S.M. McMillian & *1/21/04* *954-424-4481*