


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90043 013 ***150.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0756390	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCMILLIAN, S M JR 10090 GROVE LANE COOPER CITY, FL 33328				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCMILLIAN, SAMUEL M JR.		NAME		
STREET ADDRESS	10090 GROVE LANE		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY, FL 33328		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCMILLIAN, ANA D		NAME		
STREET ADDRESS	10090 GROVE LANE		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY, FL 33328		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCMILLIAN, ARIANA G		NAME	JOS E. DANIA Sch Blvd #4 -3D	
STREET ADDRESS	10090 GROVE LANE		STREET ADDRESS	DANIA BEACH, FL 33004	
CITY-ST-ZIP	COOPER CITY, FL 33328		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCMILLIAN, LOUIS S		NAME		
STREET ADDRESS	10090 GROVE LANE		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY, FL 33328		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		

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01242005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0756390

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

SIGNATURE

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, 2005 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 ☐ Delete
NAME **MCMILLIAN, SAMUEL M JR.**
STREET ADDRESS **10090 GROVE LANE**
CITY-ST-ZIP **COOPER CITY, FL 33328**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **JOS E. DANIA Sch Blvd #4 -3D**
STREET ADDRESS **DANIA BEACH, FL 33004**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Samuel M. McMillian

2/25/05