


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State


01-31-2005 90084 024 ***150.00

DOCUMENT # P98000049277	
1. Entity Name MONTOYA FINANCIAL SERVICES, INC.	

Principal Place of Business 1680 THE GREENS WAY JACKSONVILLE BEACH, FL 32250	Mailing Address 1680 THE GREENS WAY JACKSONVILLE BEACH, FL 32250
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2. Principal Place of Business 1680 The Greensway Suite 200 Jacksonville Beach, FL 32250	3. Mailing Address 1680 The Greensway Suite 200 Jacksonville Beach, FL 32250
City & State Jacksonville Beach, FL	City & State Jacksonville Beach, FL
Zip 32250	Country Duval

50008527



01262005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent BOND, C G ESQ 3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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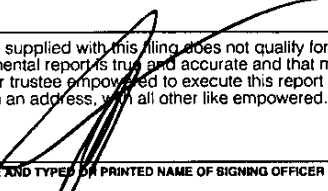
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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. <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 P	<input type="checkbox"/> Delete MONTOYA, H. WILLIAM 1680 THE GREENS WAY JACKSONVILLE BEACH, FL 32250	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brower, B. Darby 1680 The Greensway, Ste 200 Jacksonville Beach, FL 32250
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **01-28-2005 904 280-11669**

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