

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

05 JAN 19 PM 5:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V13601

1. Entity Name  
MONTGOMERY REALTY, INC.



Principal Place of Business

3365 N. MONROE ST.  
TALLAHASSEE, FL 32303 US

Mailing Address

3365 N. MONROE ST.  
TALLAHASSEE, FL 32303 US

**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3107087

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MONTGOMERY, RONALD H  
3365 N. MONROE ST.  
TALLAHASSEE, FL 32303

**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 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

200046119813  
02/07/05--01043--017 \*\*158.75

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MONTGOMERY-CALVERT, LISA  
STREET ADDRESS 3365 N. MONROE ST.  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE VSTD  
NAME MONTGOMERY, RONALD H  
STREET ADDRESS 3365 N. MONROE ST.  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 #

1-4-05 850-514-3221