

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90418 013 ***150.00

DOCUMENT # V16831

1. Entity Name
MONTGOMERY, INC.



Principal Place of Business

**4251 UNIVERSITY BV S
STE 102
JACKSONVILLE, FL 32216 US**

Mailing Address

**P.O. BOX 907
SAN MATEO, FL 32187-0907 US**

DO NOT WRITE IN THIS SPACE



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3112445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOLMES, DONALD E ATTY
211 N. 2ND ST.
PALATKA, FL 32177**

**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, 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	DP
NAME	MONTGOMERY, JAMES L.
STREET ADDRESS	102 MOCKINGBIRD RD
CITY-ST-ZIP	SAN MATEO, FL 32187
TITLE	DV
NAME	MONTGOMERY, LINDA K
STREET ADDRESS	102 MOCKINGBIRD RD
CITY-ST-ZIP	SAN MATEO, FL 32187
TITLE	DST
NAME	MONTGOMERY, J M
STREET ADDRESS	102 MOCKINGBIRD RD
CITY-ST-ZIP	SAN MATEO, FL 32187
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

James L. Montgomery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

Date

386-649-8846

Daytime Phone #