


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V25048</b>							
1. Entity Name <b>MONTGOMERY MASONRY, INC.</b>							
Principal Place of Business <b>520 MAKANDA DRIVE GREEN COVE SPRINGS, FL 32043 US</b>			Mailing Address <b>520 MAKANDA DRIVE GREEN COVE SPRINGS, FL 32043 US</b>				
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 <b>59-3183954</b>			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>MONTGOMERY, RICHARD O. JR. 520 MARANDA DRIVE GREEN COVE SPRINGS, FL 32043</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>MONTGOMERY, RICHARD O JR</b>		NAME				
STREET ADDRESS	<b>520 MARANDA DRIVE</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>GREEN COVE SPRINGS, FL 32043</b>		CITY-ST-ZIP	<b>U00000560464 05/18/06-80040-019 150.00</b>			
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>MONTGOMERY, MATTHEW T</b>		NAME				
STREET ADDRESS	<b>520 MARANDA PL</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>GREEN COVE SPRINGS, FL 32043</b>		CITY-ST-ZIP				
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>MONTGOMERY, PATRICK S</b>		NAME				
STREET ADDRESS	<b>520 MAKANDA DRIVE</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>GREEN COVE SPRINGS, FL 32043</b>		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			
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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				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Richard O. Montgomery</i>			Date: <i>May 1 2006</i> 535-8327				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>				