


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90036 023 ***150.00

DOCUMENT # P03000053560			
1. Entity Name MOUNTAIN CITY INVESTMENTS, INC.			
Principal Place of Business 31622 US HWY 19 NORTH PALM HARBOR, FL 34684		Mailing Address 31622 US HWY 19 NORTH PALM HARBOR, FL 34684	
2. Principal Place of Business 2552 HIGHLAND AVE N.		3. Mailing Address 2552 HIGHLAND AVE. N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TARPON SPRINGS FL		City & State TARPON SPRINGS FL	
Zip 34688	Country U.S.	Zip 34688	Country U.S.
4. FEI Number 57-0467085		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEAHON, LAWRENCE 31622 US HWY 19 NORTH PALM HARBOR, FL 34684		7. Name and Address of New Registered Agent Name LEAHON, LAWRENCE P. Street Address (P.O. Box Number is Not Acceptable) 2552 HIGHLAND AVE. N. City TARPON SPRINGS FL Zip Code 34688	
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: <u>Lawrence P. Leahon / LAWRENCE P. LEAHON</u> DATE: <u>1/17/06</u> <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, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP	P LEAHON, LAWRENCE P 31622 US HWY 19 NORTH PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2552 HIGHLAND AVE. N. TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEAHON, LAWRENCE P 31622 US HWY 19 NORTH PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV COURTER, CHARLES A 31622 U.S. HWY 19 NORTH PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Lawrence P. Leahon / LAWRENCE P. LEAHON</u>		Date: <u>727 9376286</u> Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	