

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90392 025 ***150.00

DOCUMENT # F03000003110

1. Entity Name
MOUNTAIN, LTD. CORP.



Principal Place of Business
**106 LAFAYETTE STREET
YARMOUTH, ME 04096**

Mailing Address
**106 LAFAYETTE STREET
YARMOUTH, ME 04096**

24030226



2. Principal Place of Business
19 YARMOUTH DRIVE
Suite, Apt. #, etc.
STE # 301

3. Mailing Address
19 YARMOUTH DRIVE
Suite, Apt. #, etc.
STE # 301

03232004 Chg-P CR2E034 (10/03)

City & State
NEW GLOUCESTER ME
Zip
04260 Country
USA

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NEW GLOUCESTER ME
Zip
04260 Country
USA

4. FEI Number
01-0386923 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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

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 NAME STREET ADDRESS CITY-ST-ZIP	PC HOSMER, JOSEPH 106 LAFAYETTE ST YARMOUTH, ME 04096	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSVC HOSMER, SANDRA 106 LAFAYETTE ST YARMOUTH, ME 04096	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAOQUETTE, DONALD 106 LAFAYETTE ST YARMOUTH, ME 04096	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METIVIER, LAURA 106 LAFAYETTE ST YARMOUTH, ME 04096	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOSMER, BRITTANY 1012 HALLOWELL RD DURHAM, ME 04222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOSMER, MEGAN 239 PALA VISTA DR VISTA, CA 92083	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19 YARMOUTH DR NEW GLOUCESTER ME 04260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19 YARMOUTH DR NEW GLOUCESTER ME 04260
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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"/> Change <input type="checkbox"/> Addition

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 #

JOSEPH H HOSMER, PRESIDENT

3-23-2004 207-688-6200