

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003110

Entity Name: MOUNTAIN, LTD. CORP.

FILED
Apr 03, 2006
Secretary of State

Current Principal Place of Business:

19 YARMOUTH DR.
STE 301
NEW GLOUCESTER, ME 04260

New Principal Place of Business:

Current Mailing Address:

19 YARMOUTH DR.
STE 301
NEW GLOUCESTER, ME 04260

New Mailing Address:

FEI Number: 01-0386923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: HOSMER, JOSEPH
Address: 19 YARMOUTH DR., STE 301
City-St-Zip: NEW GLOUCESTER, ME 04260

Title: VSVC () Delete
Name: HOSMER, SANDRA
Address: 19 YARMOUTH DR., STE 301
City-St-Zip: NEW GLOUCESTER, ME 04260

Title: SD () Delete
Name: CAOQUETTE, DONALD
Address: 19 YARMOUTH DR., STE 301
City-St-Zip: NEW GLOUCESTER, ME 04260

Title: D () Delete
Name: METIVIER, LAURA
Address: 19 YARMOUTH DR., STE 301
City-St-Zip: NEW GLOUCESTER, ME 04260

Title: D () Delete
Name: HOSMER, BRITTANY
Address: 1012 HALLOWELL RD
City-St-Zip: DURHAM, ME 04222

Title: D () Delete
Name: HOSMER, MEGAN
Address: 239 PALA VISTA DR
City-St-Zip: VISTA, CA 92083

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD R CAOQUETTE

SEC

04/03/2006

Electronic Signature of Signing Officer or Director

Date