

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 366828

Entity Name: MOUNT, INC.

FILED  
Sep 09, 2005  
Secretary of State

## Current Principal Place of Business:

4541 RANDAG DRIVE  
N. FT. MYERS, FL 33903 US

## New Principal Place of Business:

612 SE 17TH TERRACE  
CAPE CORAL, FL 33990 US

## Current Mailing Address:

4541 RANDAG DRIVE  
N. FT. MYERS, FL 33903 US

## New Mailing Address:

FEI Number: 59-1297380      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOUNT, WILHELMINA M  
4541 RANDAG DRIVE  
N. FT. MYERS, FL 33903 US

## Name and Address of New Registered Agent:

ECKENRODE, PAUL J  
612 SE 17TH TERRACE  
CAPE CORAL, FL 33990 US

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: PAUL J. ECKENRODE

09/09/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MOUNT, WILHELMINA M  
Address: 4541 RANDAG DRIVE  
City-St-Zip: N. FT. MYERS, FL 33903 US

Title: V ( ) Delete  
Name: ECKENRODE, PAUL JASON  
Address: 3809 MCKINLEY  
City-St-Zip: FT. MYERS, FL 33901

Title: ST ( ) Delete  
Name: ECKENRODE, BRETT MICHAEL  
Address: 3809 MCKINLEY  
City-St-Zip: FT. MYERS, FL 33901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition  
Name: ECKENRODE, PAUL JASON  
Address: 612 SE 17TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

Title: ST (X) Change ( ) Addition  
Name: ECKENRODE, BRETT MICHAEL  
Address: 612 SE 17TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL J. ECKENRODE

V

09/09/2005

Electronic Signature of Signing Officer or Director

Date