

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90061 006 ***150.00

DOCUMENT # 462317

1. Entity Name
TELLER MOUNTAIN MINES CORPORATION



Principal Place of Business
**103 AVENUE A, N.W., P.O. DRAWER 152
C/O ROBERT R. CRITTENDEN
WINTER HAVEN, FL 33881-4501**

Mailing Address
**103 AVENUE A, N.W., P.O. DRAWER 152
C/O ROBERT R. CRITTENDEN
WINTER HAVEN, FL 33881-4501**

94012645

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02032004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-1670493

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRITTENDEN, ROBERT R.
103 AVENUE A, N.W.
WINTER HAVEN, FL 33880**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Delete
NAME CRITTENDEN, ROBERT R
STREET ADDRESS 103 AVENUE A, NW
CITY-ST-ZIP WINTER HAVEN, FL

TITLE PD ☐ Change ☐ Addition
NAME Claude C. Street III
STREET ADDRESS 3470 Quail Way
CITY-ST-ZIP Sevierville TN 37862

TITLE D ☒ Delete
NAME NOLLEY, VERA STREET
STREET ADDRESS 281 GARDEN LANE
CITY-ST-ZIP HAINES CITY, FL

TITLE VD ☐ Change ☐ Addition
NAME Tom Street
STREET ADDRESS Rt. 27, Box 14630
CITY-ST-ZIP Lake City FL 32024

TITLE D ☒ Delete
NAME STREET, WILLIAM EARL
STREET ADDRESS 1340 W. ALEXANDER DRIVE
CITY-ST-ZIP CITRUS SPRINGS, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert R. Crittenden

Robert R. Crittenden

02/03/04

(863) 293-2161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #