

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2006 8:00 am**  
**Secretary of State**

08-03-2006 90004 014 \*\*\*\*61.25

<b>DOCUMENT # 764728</b>					
<b>1. Entity Name</b> FAR MOUNTAIN, INC. <i>FAR Mountain, Inc.</i>					
<b>Principal Place of Business</b> SUITE 1600, BANK OF AMERICA BUILDING 50 NORTH LAURA STREET JACKSONVILLE, FL 32202			<b>Mailing Address</b> SUITE 1600, BANK OF AMERICA BUILDING 50 NORTH LAURA STREET JACKSONVILLE, FL 32202		
<b>2. Principal Place of Business</b> 644 Cesary Blvd. Suite, Apt. #, etc. # 330 City & State Jacksonville FL Zip 32211 Country U.S.		<b>3. Mailing Address</b> 644 Cesary Blvd. Suite, Apt. #, etc. # 330 City & State Jacksonville FL Zip 32211 Country U.S.			
<b>4. FEI Number</b> 59-2302755		<b>Applied For</b> <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> DURANT, STEPHEN H 50 NORTH LAURA STREET SUITE 1600 JACKSONVILLE, FL 32202			<b>7. Name and Address of New Registered Agent</b> Name <i>Stephen H. Durant</i> Street Address (P.O. Box Number is Not Acceptable) 4645 Monument Point Circle City <i>Jacksonville</i> <b>FL</b> <i>32205</i>		
<b>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.</b> SIGNATURE <i>Stephen H. Durant</i> <span style="float: right;">7/31/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VD MERRITT, CLAUDE 1359 IDLEWOOD RD TUCKER, GA	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PD LAREN, JANNIE 12201 S HAGEN OLATHE, KS	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	TD DURANT, STEPHEN H 4645 MONUMENT POINT CIR JACKSONVILLE, FL	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D MERRITT, MICHAEL 73 MOUNTAINSIDE RD MENDHAM, N.	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VPD DURANT, DAVID S JR 82710 GOVE PKE DANVILLE, KY 40422	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete				
<b>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 617, 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.</b> SIGNATURE: <i>Stephen H. Durant</i> <span style="float: right;">7/31/06</span> <span style="float: right;">904 652-2600</span> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					