


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2007 8:00 am**  
**Secretary of State**

07-18-2007 90045 015 \*\*\*\*61.25

|   |                               |   |   |   |  |
|---|-------------------------------|---|---|---|--|
| <b>DOCUMENT # 764728</b><br>1. Entity Name<br><b>FAR MOUNTAIN, INC.</b>   |                               |   |   |  |  |
| Principal Place of Business<br><b>644 CESARY BLVD.<br/>#330<br/>JACKSONVILLE, FL 32211</b>  |                               |   | Mailing Address<br><b>644 CESARY BLVD.<br/>#330<br/>JACKSONVILLE, FL 32211</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #  |                               | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |                               | Suite, Apt. #, etc.   |   |   |  |
| City & State  |                               | City & State  |   |   |  |
| Zip   | Country                       | Zip   | Country   | 07032007 Chg-NP CR2E037 (12/06)   |  |
| 4. FEI Number<br><b>59-2302755</b>  |                               |   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                               |   |   | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DURANT, STEPHEN H<br/>4645 MONUMENT POINT CIR<br/>JACKSONVILLE, FL 32225</b>  |                               |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><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<br/>Due by September 14, 2007</b>  |                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees  |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |                               |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                               |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE   | VD                            | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | MERRITT, CLAUDE               |   | NAME  |   |  |
| STREET ADDRESS  | 1359 IDLEWOOD RD              |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | TUCKER, GA                    |   | CITY-ST-ZIP   |   |  |
| TITLE   | PD                            | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | LAREN, JANNIE                 |   | NAME  |   |  |
| STREET ADDRESS  | 12201 S HAGEN                 |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | OLATHE, KS                    |   | CITY-ST-ZIP   |   |  |
| TITLE   | TD                            | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | DURANT, STEPHEN H             |   | NAME  |   |  |
| STREET ADDRESS  | 4645 MONUMENT POINT CIR       |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | JACKSONVILLE, FL              |   | CITY-ST-ZIP   |   |  |
| TITLE   | D                             | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | MERRITT, MICHAEL              |   | NAME  |   |  |
| STREET ADDRESS  | 73 MOUNTAINSIDE RD            |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | MENDHAM, N.                   |   | CITY-ST-ZIP   |   |  |
| TITLE   | VPD                           | <input type="checkbox"/> Delete   | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| NAME  | DURANT, DAVID S JR            |   | NAME  | <b>VPD DURANT, DAVID S.</b>   |  |
| STREET ADDRESS  | <del>82710 GOVE PKE</del>     |   | STREET ADDRESS  | <b>401 Maple Street</b>   |  |
| CITY-ST-ZIP   | <del>DANVILLE, KY 40422</del> |   | CITY-ST-ZIP   | <b>St. Paul, Minn. 55106</b>  |  |
| TITLE   |                               | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                               |   | NAME  |   |  |
| STREET ADDRESS  |                               |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                               |   | CITY-ST-ZIP   |   |  |
| 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 it 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:</b> <i>Stephen H. Durant</i> <b>Stephen H. Durant</b>   |                               |   | <b>7/16/07 904 652-2600</b>   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                               |   | <small>Date Daytime Phone #</small>   |   |  |