

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2008 8:00 am**  
**Secretary of State**

07-10-2008 90013 030 \*\*\*\*61.25

**40110069**



<b>DOCUMENT # 764728</b> 1. Entity Name <b>FAR MOUNTAIN, INC.</b>			
Principal Place of Business <b>644 CESARY BLVD. #330 JACKSONVILLE, FL 32211</b> <i>4645 Monument Point Circle Jacksonville, Fla. 32225</i>		Mailing Address <b>644 CESARY BLVD. #330 JACKSONVILLE, FL 32211</b> <i>4645 Monument Point Circle Jacksonville, Fla. 32225</i>	
2. Principal Place of Business - No P.O. Box # <b>4645 Monument Pt. Cir.</b>		3. Mailing Address <b>4645 Monument Pt. Cir.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Jacksonville, Fla.</b>		City & State <b>Jacksonville, Fla.</b>	
Zip <b>32225</b>		Zip <b>32225</b>	
Country <b>Duval</b>		Country <b>Duval</b>	
4. FEI Number <b>59-2302755</b>		Applied For <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 <b>DURANT, STEPHEN H 4645 MONUMENT POINT CIR JACKSONVILLE, FL 32225</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE <i>Stephen H. Durant</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <i>Stephen H. Durant</i>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <b>7/8/08</b>  <small>DATE</small> </div> </div>			
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<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>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERRITT, CLAUDE 1359 IDLEWOOD RD TUCKER, GA	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAREN, JANNIE 12201 S HAGEN OLATHE, KS	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DURANT, STEPHEN H 4645 MONUMENT POINT CIR JACKSONVILLE, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, MICHAEL 73 MOUNTAINSIDE RD MENDHAM, N.	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DURANT, DAVID S 401 MAPLE STREET SAINT PAUL, MN 55106	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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:</b> <i>Stephen H. Durant</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>Stephen H. Durant</i> <small>Date</small>	
		<b>7/8/08 904 652 2600</b> <small>Daytime Phone #</small>	