

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT-**

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90034 029 ***150.00

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1. Entity Name
SUNMOUNT CORPORATION



Principal Place of Business
P O BOX 800
ROANOKE, TX 76262 US

Mailing Address
P O BOX 800
ROANOKE, TX 76262 US

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
87-0368152

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CROSS, DONALD M.
STREET ADDRESS 66 HERITAGE DRIVE
CITY-ST-ZIP KENSINGTON, CT

TITLE STD
NAME BROWN, R. ALLYN
STREET ADDRESS 3032NO. MONET COURT
CITY-ST-ZIP FLOWER MOUND, TX

TITLE AST
NAME MATHER, JAYNE G.
STREET ADDRESS 198 MAIN ST.
CITY-ST-ZIP DEEP RIVER, CT

TITLE D
NAME ALGER, ROBERT
STREET ADDRESS 45 NOTTINGHAM RIDGE
CITY-ST-ZIP AVON, CT 06001

TITLE AT
NAME CAIOLA, VINCENT J
STREET ADDRESS 18 Westridge Drive
CITY-ST-ZIP Bolton, CT 06043

TITLE V
NAME HUTYRA, GREGORY E
STREET ADDRESS 2813 ROUNDUP TRAIL
CITY-ST-ZIP GRAPEVINE, TX 76051

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IN THIS SPACE**

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: Jayne G. Mather **Jayne G. Mather, Assistant Treasurer** 3/4/05 (203)235-3351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #