

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90014 021 ***150.00

DOCUMENT # 852490

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**

60006072



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	220 DEER RUN TRAIL 18 Westridge Drive
CITY-ST-ZIP	MANCHESTER, CT 06040 Bolton, CT 06043
TITLE	V
NAME	HUTYRA, GREGORY E
STREET ADDRESS	2813 ROUNDUP TRAIL
CITY-ST-ZIP	GRAPEVINE, TX 76051

**DO NOT WRITE
IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jayne G. Mather, Assistant Treasurer 1/13/06

Date

(203)235-3351

Daytime Phone #