

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90024 042 ***150.00

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1. Entity Name
MOUNTAINEER RESOURCES, INC.



Principal Place of Business
**PO BOX 1187, INDUSTRIAL ROAD
FAIRMONT, WV 26555-1187**

Mailing Address
**PO BOX 1187, INDUSTRIAL ROAD
FAIRMONT, WV 26555-1187**

50058759



07112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1054011

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **C**
NAME **HOYLMAN, DONALD L**
STREET ADDRESS **PO BOX 1187**
CITY - ST - ZIP **FAIRMONT, WV 265551187**

TITLE **P**
NAME **HOYLMAN, STEVEN M**
STREET ADDRESS **PO BOX 1187**
CITY - ST - ZIP **FAIRMONT, WV 265551187**

TITLE **DT**
NAME **GARRISON, JIMMIE**
STREET ADDRESS **PO BOX 1187**
CITY - ST - ZIP **FAIRMONT, WV 265551187**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: *Donald L. Hoylman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/2005
Date Daytime Phone #