

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90054 007 ***150.00

DOCUMENT # F04000004407

1. Entity Name
MOUNTAIN VIEW MARKETING, INC.



Principal Place of Business
**4747 MCLANE PARKWAY
TEMPLE, TX 76504**

Mailing Address
**P.O. BOX 6115
TEMPLE, TX 76503**

40031340



02132008 Chg-P CR2E034 (12/06)

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

4. FEI Number

86-0747812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
ROSIER, WILLIAM G
4747 MCLANE PARKWAY
TEMPLE, TX 76504** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO/Director
Rosier, William G.
4747 McLane Parkway
Temple, TX 76504** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MCWHINNEY, LEN
4747 MCLANE PARKWAY
TEMPLE, TX 76504** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
McWhinney, Len
4747 McLane Parkway
Temple, TX 76504** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
GRAVES, DONALD R
4747 MCLANE PARKWAY
TEMPLE, TX 76504** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
Graves, Donald R.
4747 McLane Parkway
Temple, TX 76504** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
KOCH, KEVIN J
4747 MCLANE PARKWAY
TEMPLE, TX 76504** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Koch, Kevin J.
4747 McLane Parkway
Temple, TX 76504** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
YOUNGBLOOD, MIKE
4747 MCLANE PARKWAY
TEMPLE, TX 76504** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Youngblood, Mike
4747 McLane Parkway
Temple, TX 76504** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KENT, JAMES L
4747 MCLANE PARKWAY
TEMPLE, TX 76504** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President/Director
Kent, James L.
4747 McLane Parkway
Temple, TX 76504** ☐ Change ☒ Addition

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:

Kevin J. Koch, Treasurer

2/11/08

254/771-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #