

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000002410

Entity Name: ALMONT ASSOCIATES, INC.

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

101 COUNTY ROAD 742  
ALMONT, CO 81210

**New Principal Place of Business:**

**Current Mailing Address:**

6092 SABAL HAMMOCK CIR  
PORT ORANGE, FL 32128

**New Mailing Address:**

FEI Number: 84-1211448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEBER, THOMAS G  
6092 SABAL HAMMOCK CIR  
PORT ORANGE, FL 32128 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SPARR, JIM  
Address: 161 COUNTY ROAD 742  
City-St-Zip: ALMONT, CO 81210

Title: VP  
Name: WEBER, THOMAS G  
Address: 6092 SABAL HAMMOCK CIRCLE  
City-St-Zip: PORT ORANGE, FL 32128

Title: S  
Name: RAWLINS, KELLI  
Address: 101 COUNTY ROAD 742  
City-St-Zip: ALMONT, CO 81210

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS G WEBER

VP

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date