

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90250 050 \*\*\*150.00

**DOCUMENT # F97000000804**

1. Entity Name

**MOUNTAIN VIEW VENTURES, INC.**



Principal Place of Business

**625 N. FLAGLER DRIVE  
600  
WEST PALM BEACH FL 33401**

Mailing Address

**625 N. FLAGLER DRIVE  
600  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

**56-1835266**

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

**KIDSTON, ALLAN L  
625 N FLAGLER DRIVE  
STE 600  
WEST PALM BEACH FL 33401**

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DC** ☐ Delete  
NAME **PARSONS, DONALD H**  
STREET ADDRESS **625 N FLAGLER DR #600**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **PSDT** ☐ Delete  
NAME **KIDSTON, ALLAN L**  
STREET ADDRESS **625 N FLAGLER DR #600**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **S** ☐ Delete  
NAME **DUMONT, CLARE**  
STREET ADDRESS **RIVER RD., PO BOX 290**  
CITY-ST-ZIP **PAWLEY'S ISLAND SC 29585**

TITLE **VS** ☐ Delete  
NAME **RYAN, ARTHUR**  
STREET ADDRESS **625 N FLAGLER DR #600**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **V & AS** ☐ Delete  
NAME **Van Treese, Jeffery**  
STREET ADDRESS **625 N. Flagler Dr. #600**  
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **AS** ☐ Delete  
NAME **Auger, Theresa**  
STREET ADDRESS **763 Highway 107 South**  
CITY-ST-ZIP **Cashiers, NC-28717**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AS** ☐ Change ☐ Addition  
NAME **Brinkley, Darlene**  
STREET ADDRESS **625 N. Flagler Dr., #600**  
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Jeffery W. Van Treese**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-04**

Date

**561-833-1622**

Daytime Phone #