

# 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 # F9700000804**  
 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>56-1835266</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**  
 KIDSTON, ALLAN L  
 625 N FLAGLER DRIVE  
 STE 600  
 WEST PALM BEACH FL 33401

**7. Name and Address of New Registered Agent**  
 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. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE DC	<input type="checkbox"/> Delete	NAME PARSONS, DONALD H	STREET ADDRESS 625 N FLAGLER DR #600	CITY-ST-ZIP WEST PALM BEACH FL 33401
TITLE PSDT	<input type="checkbox"/> Delete	NAME KIDSTON, ALLAN L	STREET ADDRESS 625 N FLAGLER DR #600	CITY-ST-ZIP WEST PALM BEACH FL 33401
TITLE S	<input type="checkbox"/> Delete	NAME DUMONT, CLARE	STREET ADDRESS RIVER RD., PO BOX 290	CITY-ST-ZIP PAWLEY'S ISLAND SC 29585
TITLE VS	<input type="checkbox"/> Delete	NAME RYAN, ARTHUR	STREET ADDRESS 625 N FLAGLER DR #600	CITY-ST-ZIP WEST PALM BEACH FL 33401
TITLE V & AS	<input type="checkbox"/> Delete	NAME Van Treese, Jeffery	STREET ADDRESS 625 N. Flagler Dr. #600	CITY-ST-ZIP West Palm Beach, FL 33401
TITLE AS	<input type="checkbox"/> Delete	NAME Auger, Theresa	STREET ADDRESS 763 Highway 107 South	CITY-ST-ZIP Cashiers, NC-28717

TITLE AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Brinkley, Darlene	STREET ADDRESS 625 N. Flagler Dr., #600	CITY-ST-ZIP West Palm Beach, FL 33401
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP

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

Date: 4-15-04 Daytime Phone #: 561-833-1622