2008 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

Jan 14, 2008 08:00 A **DOCUMENT # P00000006502 Secretary of State** C.T. MOUNTAINEER, INC. Mailing Address Principal Place of Business 2228 MARCIA DRIVE 2228 MARCIA DRIVE ORANGE PARK, FL 32073-5231 ORANGE PARK, FL 32073-5231 No Cha-P CR2E034 (11/05) 01092008 DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 59-3617056 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARTHUR, ARCHIE C DO NOT WRITE 2228 MARCIA DRIVE ORANGE PARK, FL 32073-5231 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. DATE Signature, typed or printed name of redistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ARTHUR, ARCHIE C 2228 MARCIA DR STREET ADDRESS 01/IS/08-80098-022 150.00 ORANGE PARK, FL 32073 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

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:

ARCHIE ARTHUR

1-9-08

904-625-4254

BRONATURE AND TYPED OR PERTIED NAME OF BIOING OFFICER OR DIRECTOR

Dayline Phone 4