



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P02000117339</b> 1. Entity Name <b>MOUNTAINEER HOLDINGS, INC.</b>						FILED 06 SEP 18 4:31 SEC TALLAH	
Principal Place of Business <b>2006 CIMMARON RUN DR VALRICO, FL 33594</b>				Mailing Address <b>2006 CIMMARON RUN DR VALRICO, FL 33594</b>			
2. Principal Place of Business <b>112 E. BLOOMINGDALE AVE</b>		3. Mailing Address <b>112 E. BLOOMINGDALE AVE</b>					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		09062006    Chg-P    CR2E034 (11/05)			
City & State <b>BRANDON FL</b>		City & State <b>BRANDON, FL</b>		4. FEI Number <b>74-3067281</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33511</b>		Country <b>HILLSBOROUGH</b>		Zip <b>33511</b>		Country <b>HILLSBOROUGH</b>	
6. Name and Address of Current Registered Agent  <b>FERRELL, RALPH R 2006 CIMMARON RUN DR VALRICO, FL 33594</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>112 E. BLOOMINGDALE AVE</b> City <b>BRANDON</b> <b>FL</b> Zip Code <b>33511</b>			
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 <u><i>Ralph R. Ferrell</i></u> DATE <u>9-6-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$550.00 Due by September 15, 2006</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 <b>P FERRELL, RALPH R 2006 CIMMARON RUN DR LITHIA, FL 33547</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>112 E. BLOOMINGDALE AVE BRANDON, FL 33511</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP 				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>700080387327 10/03/06--01023--010    **550.00</b>			
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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: <u><i>Ralph R. Ferrell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>9-6-06</u> Daytime Phone # <u>813-361-4188</u>			