

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90036 023 ***150.00

DOCUMENT # P03000053560																	
1. Entity Name MOUNTAIN CITY INVESTMENTS, INC.																	
Principal Place of Business 31622 US HWY 19 NORTH PALM HARBOR, FL 34684			Mailing Address 31622 US HWY 19 NORTH PALM HARBOR, FL 34684														
2. Principal Place of Business 2552 HIGHLAND AVE N.		3. Mailing Address 2552 HIGHLAND AVE. N.															
Suite, Apt. #, etc.		Suite, Apt. #, etc.															
City & State TARPON SPRINGS FL		City & State TARPON SPRINGS FL		4. FEI Number 57-0467085													
Zip 34688		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required													
6. Name and Address of Current Registered Agent LEAHON, LAWRENCE 31622 US HWY 19 NORTH PALM HARBOR, FL 34684			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="2">LEAHON, LAWRENCE P.</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="2">2552 HIGHLAND AVE. N.</td> </tr> <tr> <td style="padding: 2px;">City</td> <td>TARPON SPRINGS</td> <td>FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td colspan="2">34688</td> </tr> </table>			Name	LEAHON, LAWRENCE P.		Street Address (P.O. Box Number is Not Acceptable)	2552 HIGHLAND AVE. N.		City	TARPON SPRINGS	FL	Zip Code	34688	
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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>Lawrence P. Leahon / LAWRENCE P. LEAHON</u> DATE: 1/17/06																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees															
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11														
TITLE P	NAME LEAHON, LAWRENCE P		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition														
STREET ADDRESS 31622 US HWY 19 NORTH	STREET ADDRESS 31622 US HWY 19 NORTH		STREET ADDRESS 2552 HIGHLAND AVE. N.														
CITY - ST - ZIP PALM HARBOR, FL 34684	CITY - ST - ZIP PALM HARBOR, FL 34684		CITY - ST - ZIP TARPON SPRINGS, FL 34688														
TITLE D	NAME LEAHON, LAWRENCE P		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition														
STREET ADDRESS 31622 US HWY 19 NORTH	STREET ADDRESS 31622 US HWY 19 NORTH		STREET ADDRESS 														
CITY - ST - ZIP PALM HARBOR, FL 34684	CITY - ST - ZIP PALM HARBOR, FL 34684		CITY - ST - ZIP 														
TITLE DV	NAME COURTER, CHARLES A		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition														
STREET ADDRESS 31622 U.S. HWY 19 NORTH	STREET ADDRESS 31622 U.S. HWY 19 NORTH		STREET ADDRESS 														
CITY - ST - ZIP PALM HARBOR, FL 34684	CITY - ST - ZIP PALM HARBOR, FL 34684		CITY - ST - ZIP 														
TITLE <input type="checkbox"/> Delete	NAME 		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition														
STREET ADDRESS 	STREET ADDRESS 		STREET ADDRESS 														
CITY - ST - ZIP 	CITY - ST - ZIP 		CITY - ST - ZIP 														
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STREET ADDRESS 	STREET ADDRESS 		STREET ADDRESS 														
CITY - ST - ZIP 	CITY - ST - ZIP 		CITY - ST - ZIP 														
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>Lawrence P. Leahon / LAWRENCE P. LEAHON</u> DATE: 727 9376286																	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																	