


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90011 045 ***150.00

DOCUMENT # P03000073418			
1. Entity Name GREEN MOUNTAIN DEVELOPMENTS, INC.			
Principal Place of Business 144 HILLCREST DR DAVENPORT, FL 33837		Mailing Address 717 EAST OAK STREET KISSIMMEE, FL 34744	
2. Principal Place of Business 549 Aldridge Lane Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Davenport, FL		City & State	
Zip 33837	Country US	Zip	Country
6. Name and Address of Current Registered Agent BAUMRUK, ANDY J CPA 717 EAST OAK STREET KISSIMMEE, FL 34744		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	D, P CRUX, ALAN E 144 HILLCREST DR DAVENPORT, FL 33837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3 Willow House, 8 East Parkside Great Park, Warlington, UK CR6 9QS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S NICHOLAS, PATRICIA 144 HILLCREST DR DAVENPORT, FL 33837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3 Willow House, 8 East Parkside Great Park, Warlington, UK CR6 9QS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, T CRUX, JOSEPHINE A 144 HILLCREST DR ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3 Willow House, 8 East Parkside Great Park, Warlington, UK CR6 9QS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Alan E. Crux</u>		Date <u>2-27-06</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

40022706



02242006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0073140 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required