

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113200

Entity Name: MOUNTAIN INSURANCE CORP.

FILED
Apr 16, 2007
Secretary of State

Current Principal Place of Business:

13891 JETPORT LOOP RD
SUITE #5
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

13891 JETPORT LOOP RD
SUITE #5
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 20-0299490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGOON, JEFFERY D
16430 MILLSTONE CIRCLE
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAGOON, JEFFERY D
Address: 16430 MILLSTONE CIRCLE
City-St-Zip: FORT MYERS, FL 33908

Title: VP () Delete
Name: DOMAIN, NICHOLAS J
Address: 14552 BELLINO TER #202
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DOMAIN, NICHOLAS J
Address: 12915 KINGSMILL WAY
City-St-Zip: FORT MERS, FL 33913

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICK DOMAIN

VP

04/16/2007

Electronic Signature of Signing Officer or Director

Date