

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04837

FILED
Sep 01, 2009
Secretary of State

Entity Name: MOUNT SNOW LTD. CORPORATION

Current Principal Place of Business:

19 PISGAN RD
WEST DOVER, VT 05356 US

New Principal Place of Business:

Current Mailing Address:

17409 HIDDEN VALLEY DR
WILDWOOD, MO 63025 US

New Mailing Address:

FEI Number: 03-0265116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEWOLF, THOMAS B
DEWOLF WARD MORRIS WAHLUST JONTZ ET AL
1475 HARDFORD BLVD, 200 E ROBINSON ST
ORLANDO, FL 32801 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PAWLAK, KELLY
Address: MOUNTAIN RD
City-St-Zip: W. DOVER, VT 05356

Title: P () Delete
Name: BOYD, TIMOTHY
Address: 17409 HIDDEN VALLEY DR
City-St-Zip: WILDWOOD, MO 63025

Title: S () Delete
Name: MONIMAGNI, THOMAS
Address: 19 PSGAH ROAD
City-St-Zip: WEST DOVER, VT 05356

Title: T () Delete
Name: MUELLER, STEPHEN
Address: 17409 HIDDEN VALLEY DR
City-St-Zip: WILDWOOD, MO 63025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: STEPHEN MUELLER

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09/01/2009

Electronic Signature of Signing Officer or Director

Date