

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000024051

FILED
Jan 19, 2009
Secretary of State

Entity Name: MOUNTAINHOME LAND PARTNERS, INC

Current Principal Place of Business:

14250 ROYAL HARBOUR COURT #1114
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

14250 ROYAL HARBOUR COURT #1114
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 20-8453409 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SWAN, LAWRENCE
709 CAPE CORAL PARKWAY WEST
CAPE CORAL, FL 33914 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: PD () Delete
Name: BZURA, RALF
Address: PO BOX 887
City-St-Zip: PLACIDA, FL 33946

Title: STD () Delete
Name: BUMBA, DIANE
Address: PO BOX 887
City-St-Zip: PLACIDA, FL 33946

Title: VD () Delete
Name: ST. CLAIR, TIM
Address: 14250 ROYAL HARBOUR COURT #1114
City-St-Zip: FORT MYERS, FL 33908

Title: VD () Delete
Name: ST. CLAIR, RONALD
Address: 14250 ROYAL HARBOUR COURT #1114
City-St-Zip: FORT MYERS, FL 33908

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: DIANE BUMBA

STD

01/19/2009

Electronic Signature of Signing Officer or Director

Date