

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90033 033 ***158.75

| | | | |
|--|---|--|--|
| DOCUMENT # P07000043444 1. Entity Name NOBODY'S MOUNTAIN, INC. | |  | |
| Principal Place of Business 123 POCO PLACE NOKOMIS, FL 34274 | | Mailing Address 123 POCO PLACE NOKOMIS, FL 34274 | |
| 2. Principal Place of Business - No P.O. Box # 200 W Washington Av. Suite, Apt. #, etc. | | 3. Mailing Address PO Box 931 Suite, Apt. #, etc. | |
| City & State Deland Florida Zip 32720 | | City & State Nokomis Florida Zip 34274 | |
| Country USA | | Country USA | |
| 4. FEI Number | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BITTSCHWAN, ERICH 123 POCO PLACE NOKOMIS, FL 34274 200 W Washington Av. Deland Florida 32720 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | P LIPSKY, LARRY P O BOX 24 ST JOHN, VI 008310024 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BITTSCHWAN, ERICH 123 POCO PLACE NOKOMIS, FL 34274 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T Bittschwan Erich 200 W Washington Av. Deland FL 3270 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Bittschwan Erin Suit 2308, 373 Front St West Toronto Ontario Canada M5V 3R7 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | <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>Erich Bittschwan</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | April 1 2008 786-269-3810 Date Daytime Phone # | |