## 2005 FOR PROFIT CORPORATION

## **FILED** Apr 02, 2005 08:00 AM

ANNUAL REPORT				Secretary of State				
DOCUMENT # P92000008218				Sec	reu	ary (	oi State	
1. Entity Name — MOUNTAIN VILLAGE CONSTRUCTION, INC.								
- : -	,							
Principal Place of Business -	Mailing Address							
11924 FAIRWAY LAKES DR. FT. MYERS, FL 33913	11924 FAIRWAY LAKES DR. FT. MYERS, FL 33913							
Ft. 1944113, FC 33313	F1. PHENS, FE 33313							
			03232005	No Chg-P	CR2E	034 (10/	(03)	
DO NOT WRITE	IN THIS SPA	U.	4. FEI Numbe			Ţ	Applied For	
			65-037		<u></u>	<b>€Ω 75</b>	Not Applicable Additional	
			5. Certificate	of Status Desired	<b>X</b>	Fee Re		
6. Name and Address of Current P	tegistered Agent				JH.			
HILL, KAREN B.			DO	NOT W	RIT	E		
11924 FAIRWAY LAKES DR FT MYERS, FL 33913	÷ . •					11 (1.1.4)		
,				HIS SP	MU			
-								
<ol> <li>The above named entity submits this statement for the obligations of registered agent.</li> </ol>	the purpose of changing its registe	red office or register	red agent, or bot	h, in the State of Flo	rida la•	n familiar	with, and accept	
CIONATIO								
SIGNATURE Signature, typed or printed name of registered agent at	nd bite if applicable. (NOTE, Register	ed Agent signature required	when reinstating).		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.			.00 May Be					
10. OFFICERS AND D					312 344	. 11000000		
PD OFFICEASAND E	DIRECTORS							
BAIRD, WILLIAM H.	. <u></u> -			maras	QC 74	g loos		
P.O. BOX 1260 N/A TELLURIDE, CO				04/02/05-E	DÖ57	-023	158.75	
VD								
BAIRD, WILLIAM 11721 HAMPTON GREENS DRIV	rE					unajājājā Vieto		
FT. MYERS, FL	· · · · · · · · · · · · · · · · · · ·							
STD - BAIRD, LORRAINE H.								
P.O BOX 1260 N/A				<b>XIAT 11</b> /	DIT	122		
TELLURIDE, CO				NOT W		::::::::::::::::::::::::::::::::::::::		
			IN	THIS SF	'AC	E		
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12. I heroby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; that I am an officer or director of the cooperation 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:

MULLIAME BAIRD
GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR