

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000008218

1. Entity Name
MOUNTAIN VILLAGE CONSTRUCTION, INC.



Principal Place of Business
11924 FAIRWAY LAKES DR.
FT. MYERS, FL 33913

Mailing Address
11924 FAIRWAY LAKES DR.
FT. MYERS, FL 33913



02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0375054

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HILL, KAREN B.
11924 FAIRWAY LAKES DR
FT MYERS, FL 33913

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be**
Added to Fees

000000432996
04/13/06-80088-004 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAIRD, WILLIAM H.
STREET ADDRESS	P.O. BOX 1260 N/A
CITY-ST-ZIP	TELLURIDE, CO
TITLE	VO
NAME	BAIRD, WILLIAM
STREET ADDRESS	11721 HAMPTON GREENS DRIVE
CITY-ST-ZIP	FT. MYERS, FL
TITLE	STD
NAME	BAIRD, LORRAINE H.
STREET ADDRESS	P.O BOX 1260 N/A
CITY-ST-ZIP	TELLURIDE, CO
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William H Baird

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/06 (238) 541-2221

Date

Daytime Phone #