## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 18, 2005 8:00 am **Secretary of State** DOCUMENT # P95000057568 1. Entity Name 03-18-2005 90075 043 \*\*\*150.00 D. E. MOUNTS CORPORATION Principal Place of Business Mailing Address 9256 CYPRESS DR N 9256 CYPRESS DR N FT MYERS FL 33912 FT MYERS FL 33912 2. Principal Place of Business 3. Mailing Address 9600 orkscrew 1st MOORE CR2E034 (10/04) stat Applied For 4. FEI Number 65-0593634 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOUNTS, DARRELL E Street Address (P.O. Box Number is Not Acceptable) 9256 CYPRESS DR N FT MYERS FL 33912 Zip Code 33928 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE Change 19600 Corkscrew Estates Court MOUNTS, DARRELL E STREET ADDRESS 9256 CYPRESS DR N STREET ADDRESS FT MYERS FL 33912 CITY-ST-7IP CITY-ST-ZIP ο. TITLE ☐ Delete THE Change ☐ Addition MOUNTS, JANE A NAME 19600 Corkscrew Estates 9256 CYPRESS DR N STREET ADDRESS STREET ADDRESS Estero, FL 33928 CITY-ST-ZIP FT MYERS FL 33912 CITY-ST-ZIP TILLE Delete TITLE ☐ Change Addition NAME~ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition NAME ... NAME . Mark Ada Mar 11-14 THE . 3 14 YEARS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED