

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2007 08:00 AM  
Secretary of State

DOCUMENT # P95000093813

1. Entity Name

GREEN MOUNTAIN VENTURES, INC.



Principal Place of Business  
4001 WEST SILVER SPRINGS BLVD.  
OCALA FL 34482

Mailing Address  
255 NW 40TH AVE  
LOT 16  
OCALA FL 34482-3241



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3350789

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JARVIS, GARY D  
255 NW 40TH AVE  
LOT 16  
OCALA FL 34482-3241

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

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME JARVIS, GARY D  
STREET ADDRESS 255 NW 40TH AVE., LOT 16  
CITY ST ZIP Ocala FL 34482-3241

TITLE ☐ Change ☐ Add  
NAME U00000612371  
STREET ADDRESS 02/02/07-80104-011 150.00  
CITY ST ZIP

TITLE D ☐ Delete  
NAME JARVIS, MARTHA L  
STREET ADDRESS 255 NW 40TH AVE., LOT 16  
CITY ST ZIP Ocala FL 34482-3241

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Add  
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TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Martina L. Jarvis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07 (352) 401-7737  
Date Daytime Phone #