2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000092716

GREENE, JACK A

11514 E HWY 316

FORT MC COY, FL 32134

Name:

Address:

City-St-Zip:

FILED Jan 20, 2006 Secretary of State

Entity Nai	me: MOUNTA	AIN CREEK LAND COMPANY			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	ST HWY. 316 Y, FL 32134				
Current M	lailing Addre	ss:	New Mailing Address:	New Mailing Address:	
P O BOX 1 FT MCCO	188 Y, FL 32134				
FEI Number:	: 59-3407361	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	New Registered Agent:	
GREENE, C. RAY III P O BOX 188 FT MCCOY, FL 32134 US			GREENE, C. RAY III 11514 EAST HWY. 316 FT MCCOY, FL 32134	US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: C. RAY GREENE, III				01/20/2006	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DVP (SEYLER, EDW 707 NE 25TH A OCALA, FL 34	\VE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D (HARDIN, BOB 707 NE 25TH A OCALA, FL 34	\VE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	DST (GREENE, C. R P O BOX 188 FT MCCOY, FL		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	,		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title:	DP () Delete	Title: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: C. RAY GREENE, III DST 01/20/2006