

2004 FOR PROFIT CORPORATION ANNUAL REPORT


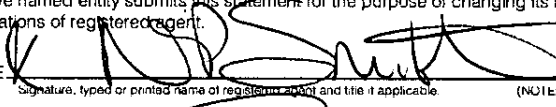
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Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90373 020 ***150.00

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04122004 Chg-P CR2E034 (10/03)

DOCUMENT # P97000030973			
1. Entity Name MOUNTAINTOPPERS, INC.			
Principal Place of Business 220 PLEASANTWOOD DR WELLINGTON, FL 33414		Mailing Address 220 PLEASANTWOOD DR WELLINGTON, FL 33414	
2. Principal Place of Business 509 FLAMINGO DR. Suite, Apt. #, etc. W. PALM BEACH City & State FL Zip 33401		3. Mailing Address 509 FLAMINGO DR. Suite, Apt. #, etc. W. PALM BEACH FL City & State FL Zip 33401	
Country USA		Country USA	
6. Name and Address of Current Registered Agent SMITH, NELLE P 220 PLEASANTWOOD DR WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name NA 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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D & VICE PRES. SMITH, NELLE P 220 PLEASANTWOOD DR WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D & PRES. SMITH, JEFFREY T 220 PLEASANTWOOD DR WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

 **N. T. Smith**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04
Date

561-793-4254
Daytime Phone #