


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90071 001 ***300.00

DOCUMENT # 127390
 1. Entity Name
MOUNTAIN LAKE CORPORATION



Principal Place of Business
 2300 N. SCENIC HIGHWAY
 LAKE WALES, FL 33853

Mailing Address
 P. O. BOX 832
 LAKE WALES, FL 33859-0832

66403997



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0369790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN, FREDERICK J
 803 HILLSIDE AVENUE
 LAKE WALES, FL 33853

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURNS, WILLIAM C MOUNTAIN LAKE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, ROBERT E 633 STOKES ROAD LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGM DELCAMP, JOHN L JR MOUNTAIN LAKE LAKES WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDEN, JOHN MOUNTAIN LAKE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Robert E. Martin* **ROBERT E. MARTIN** *2/29/04* **863-676-3494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #