


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90017 017 \*\*\*150.00

<b>DOCUMENT # 127390</b> 1. Entity Name MOUNTAIN LAKE CORPORATION	
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Principal Place of Business 2300 N. SCENIC HIGHWAY LAKE WALES, FL 33853	Mailing Address P. O. BOX 832 LAKE WALES, FL 33859-0832
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**50000584**



01132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P3 BURNS, WILLIAM C MOUNTAIN LAKE LAKE WALES, FL 33859
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	VP WIGHT, JOHN W MOUNTAIN LAKE LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** *2/24/06* **863-676-3494**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #