


**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90060 033 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # 127390</b> 1. Entity Name <b>MOUNTAIN LAKE CORPORATION</b>		
Principal Place of Business <b>2300 N. SCENIC HIGHWAY          LAKE WALES, FL 33853</b>		Mailing Address <b>P. O. BOX 832          LAKE WALES, FL 33859-0832</b>
2. Principal Place of Business - No P.O. Box # <i>2300 N. SCENIC HIGHWAY</i>	3. Mailing Address Suite, Apt. #, etc.	
City & State <b>LAKE WALES, FL</b>	City & State	
Zip <b>33898</b>	Country	Zip Country
4. FEI Number <b>59-0369790</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>RYAN, FREDERICK J          803 HILLSIDE AVENUE          LAKE WALES, FL 33853</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when renewing)</small>		
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2007 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE <b>P3</b>	NAME <b>BURNS, WILLIAM C</b>	TITLE <b>VICE PRES.</b>
STREET ADDRESS <b>MOUNTAIN LAKE</b>	CITY-ST-ZIP <b>LAKE WALES, FL 33859</b>	NAME <b>RYAN, FREDERICK J</b>
CITY-ST-ZIP <b>LAKE WALES, FL 33859</b>	STREET ADDRESS <b>803 HILLSIDE AVE</b>	STREET ADDRESS <b>LAKE WALES, FL 33853</b>
CITY-ST-ZIP <b>LAKE WALES, FL 33859</b>	CITY-ST-ZIP <b>LAKE WALES, FL 33853</b>	CITY-ST-ZIP <b>LAKE WALES, FL 33853</b>
TITLE <b>T</b>	NAME <b>MARTIN, ROBERT E</b>	TITLE <b>T</b>
STREET ADDRESS <b>633 STOKES ROAD</b>	CITY-ST-ZIP <b>LAKE WALES, FL</b>	NAME <b>MARTIN, ROBERT E.</b>
CITY-ST-ZIP <b>LAKE WALES, FL</b>	STREET ADDRESS <b>5931 LAKE PARK RD.</b>	STREET ADDRESS <b>LAKE WALES, FL 33898</b>
CITY-ST-ZIP <b>LAKE WALES, FL</b>	CITY-ST-ZIP <b>LAKE WALES, FL 33898</b>	CITY-ST-ZIP <b>LAKE WALES, FL 33898</b>
TITLE <b>VPGM</b>	NAME <b>DEL CAMP, JOHN L JR</b>	TITLE <b>VPGM</b>
STREET ADDRESS <b>MOUNTAIN LAKE</b>	CITY-ST-ZIP <b>LAKE WALES, FL</b>	NAME <b>DEL CAMP JOHN L. JR.</b>
CITY-ST-ZIP <b>LAKE WALES, FL</b>	STREET ADDRESS <b>399 LAKE MIRIAM BVD</b>	STREET ADDRESS <b>WINTER HAVEN, FL 33880</b>
CITY-ST-ZIP <b>LAKE WALES, FL</b>	CITY-ST-ZIP <b>WINTER HAVEN, FL 33880</b>	CITY-ST-ZIP <b>WINTER HAVEN, FL 33880</b>
TITLE <b>VP</b>	NAME <b>WIGHT, JOHN W</b>	TITLE <b>PRESIDENT</b>
STREET ADDRESS <b>MOUNTAIN LAKE</b>	CITY-ST-ZIP <b>LAKE WALES, FL 33859</b>	NAME <b>WIGHT, JOHN W.</b>
CITY-ST-ZIP <b>LAKE WALES, FL 33859</b>	STREET ADDRESS <b>171 COOLIDGE LANE</b>	STREET ADDRESS <b>DORSET, VT 05251</b>
CITY-ST-ZIP <b>LAKE WALES, FL 33859</b>	CITY-ST-ZIP <b>DORSET, VT 05251</b>	CITY-ST-ZIP <b>DORSET, VT 05251</b>
TITLE <b>VP</b>	NAME <b>WIGHT, JOHN W</b>	TITLE <b>PRESIDENT</b>
STREET ADDRESS <b>MOUNTAIN LAKE</b>	CITY-ST-ZIP <b>LAKE WALES, FL 33859</b>	NAME <b>WIGHT, JOHN W.</b>
CITY-ST-ZIP <b>LAKE WALES, FL 33859</b>	STREET ADDRESS <b>171 COOLIDGE LANE</b>	STREET ADDRESS <b>DORSET, VT 05251</b>
CITY-ST-ZIP <b>LAKE WALES, FL 33859</b>	CITY-ST-ZIP <b>DORSET, VT 05251</b>	CITY-ST-ZIP <b>DORSET, VT 05251</b>
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.		
<b>SIGNATURE:</b> <i>Robert E. Martin</i> <b>ROBERT E. MARTIN</b>		<b>3/28/07 863-676-3444</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF NOMINATING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>