

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

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



01252008 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 **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000931834
 02/27/08-80034-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	RYAN, FREDERICK
STREET ADDRESS	803 HILLSIDE AVE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	T
NAME	MARTIN, ROBERT E
STREET ADDRESS	5931 LAKE PARK RD.
CITY-ST-ZIP	LAKE WALES, FL 33898
TITLE	VMGR
NAME	DEL CAMP, JOHN L JR
STREET ADDRESS	329 LAKE MIRIAM BLVD
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	P
NAME	WIGHT, JOHN W
STREET ADDRESS	171 COOLIDGE LANE
CITY-ST-ZIP	DORSET, VT 05251
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 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* 1/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #