

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L93936

FILED  
Jan 16, 2005  
Secretary of State

Entity Name: SETTLER'S MOUNTAIN, INC.

**Current Principal Place of Business:**

570 NW WAVERLY CIRCLE  
C/O FELL  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 880337  
C/O FELL  
PORT ST. LUCIE, FL 34988

**New Mailing Address:**

FEI Number: 65-0235935      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FELL, KAREN K  
570 NW WAVERLY CIRCLE  
PORT ST. LUCIE, FL 34983      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D,P      ( ) Delete  
Name: KRAFT, ALBERT H JR  
Address: 5288 SW ORCHID BAY DR  
City-St-Zip: PALM CITY, FL 34990

Title: D      ( ) Delete  
Name: KRAFT, KEVIN A  
Address: 1205 SW ROBYS WAY  
City-St-Zip: PALM CITY, FL 34990

Title: DT      ( ) Delete  
Name: FELL, KAREN K  
Address: 570 NW WAVERLY CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN K. FELL

D,T

01/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date