

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L93936

FILED  
May 23, 2011  
Secretary of State

**Entity Name:** SETTLER'S MOUNTAIN, INC.

**Current Principal Place of Business:**

5319 NW RUGBY DRIVE  
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  
5319 NW RUGBY DR  
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

**OFFICERS AND DIRECTORS:**

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

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

**Title:** D,ST  
**Name:** FELL, KAREN K  
**Address:** 5319 NW RUGBY DR  
**City-St-Zip:** PORT ST LUCIE, FL 34983

I hereby 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 all other like empowered.

SIGNATURE: KAREN K FELL

ST

05/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date