

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L93936

Entity Name: SETTLER'S MOUNTAIN, INC.**Current Principal Place of Business:**5319 NW RUGBY DRIVE
C/O FELL
PORT ST. LUCIE, FL 34983**Current Mailing Address:**PO BOX 880337
C/O FELL
PORT ST. LUCIE, FL 34988**FEI Number:** 65-0235935**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FELL, KAREN K
5319 NW RUGBY DR
PORT ST. LUCIE, FL 34983 US*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**Officer/Director Detail :**

Title	D, P
Name	KRAFT, KEVIN A
Address	5288 SW ORCHID BAY DR
City-State-Zip:	PALM CITY FL 34990

Title	DIRECTOR
Name	KRAFT, KURT J
Address	5370 SLASH PINES TRAIL
City-State-Zip:	FORT PIERCE FL 34951

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

Title	DIRECTOR
Name	MILLER, KATHERINE KRAFT
Address	4407 REDWOOD DR
City-State-Zip:	FORT PIERCE FL 34951

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**SEC/TREAS****02/09/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date