## 2023 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:

PALM CITY FL 34990

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Jan 25, 2023

**Secretary of State** 

2876291208CC

Officer/Director Detail:

Title D, P Title D,ST

KRAFT, KEVIN A FELL, KAREN K Name Name

5288 SW ORCHID BAY DR 5319 NW RUGBY DR Address Address City-State-Zip: PORT ST LUCIE FL 34983

Title **DIRECTOR** Title **DIRECTOR** 

KRAFT, KURT J Name MILLER, KATHERINE KRAFT Name

Address 4407 REDWOOD DR Address 5370 SLASH PINES TRAIL City-State-Zip: FORT PIERCE FL 34951 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.

Electronic Signature of Signing Officer/Director Detail