


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 208532</b>	
1. Entity Name <b>CROOKED LAKE PARK SEWERAGE COMPANY</b>	

Principal Place of Business <b>227 CALOOSA LAKE CIR N. LAKE WALES, FL 33859-8605</b>	Mailing Address <b>227 CALOOSA LAKE CIR N. LAKE WALES, FL 33859-8605</b>
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04102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1578221</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>KNOWLTON, KENNETH J. 227 CALOOSA LAKE CIR N. LAKE WALES, FL 33853</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**U00000503690  
04/26/06-80042-011 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KNOWLTON, KENNETH J. 227 CALOOSA LAKE CIR N. LAKE WALES, FL 338598605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KNOWLTON, KENNETH J 227 CALOOSA LK CT N LAKE WALES, FL 338598605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD KNOWLTON, KENNETH J 227 CALOOSA LK CT N LAKE WALES, FL 338598605</b>
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**DO NOT WRITE  
IN THIS SPACE**

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:**  **Kenneth J. Knowlton** 4-10-06 8126383117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime (Phone #)