

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 208532

1. Entity Name
CROOKED LAKE PARK SEWERAGE COMPANY



Principal Place of Business
**227 CALOOSA LAKE CIR N.
LAKE WALES, FL 33859-8605**

Mailing Address
**227 CALOOSA LAKE CIR N.
LAKE WALES, FL 33859-8605**



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number :
59-1578221

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KNOWLTON, KENNETH J.
227 CALOOSA LAKE CIR N.
LAKE WALES, FL 33853**

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNOWLTON, KENNETH J. 227 CALOOSA LAKE CIR N. LAKE WALES, FL 338598605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOWLTON, KENNETH J 227 CALOOSA LK CT N LAKE WALES, FL 338598605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KNOWLTON, KENNETH J 227 CALOOSA LK CT N LAKE WALES, FL 338598605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000746393
05/16/07-80067-009 150.00

**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, President 4-27-07 963-6383117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #