


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90333 026 \*\*\*150.00

<b>DOCUMENT # 324040</b>			
1. Entity Name <b>EL CASERIO CORPORATION</b>			
Principal Place of Business <b>% MOUNTAIN LAKE CORPORATION 2300 ALTERNATE HIGHWAY 27 NORTH LAKE WALES, FL 33853</b>		Mailing Address <b>% MOUNTAIN LAKE CORPORATION 2300 ALTERNATE HIGHWAY 27 NORTH LAKE WALES, FL 33853</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 832</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>LAKE WALES, FL</b>	
Zip	Country	Zip <b>33854-0832</b>	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MARTIN, ROBERT E % MOUNTAIN LAKE CORPORATION 2300 ALTERNATE HIGHWAY 27 NORTH LAKE WALES, FL 33853</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASHEL, THOMAS W #48 MOUNTAIN LAKE LAKE WALES, FL 338590832 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, LOLLISE #48 MOUNTAIN LAKE LAKE WALES, FL 33898 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAUVELT, BRITAN #48 MOUNTAIN LAKE LAKE WALES, FL 338590832 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EICHLEAY, GEORGE F. 299 THOMAS ROAD LIGONIER, PA 15658-9212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYNES, G. ARNOLD #48 MOUNTAIN LAKE LAKE WALES, FL 338590832 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYNES, G. ARNOLD 5 CAROLINE ST. WELLESLEY HILLS, MA 02481 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>G Arnold Haynes</u>		Date: <u>4/2/07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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03122007 Chg-P CR2E034 (12/06)

4. FEI Number **59-1674696** Applied For  Not Applicable

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