

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2007 90333 026 ***150.00

DOCUMENT # 324040

1. Entity Name
EL CASERIO CORPORATION



Principal Place of Business
**% MOUNTAIN LAKE CORPORATION
2300 ALTERNATE HIGHWAY 27 NORTH
LAKE WALES, FL 33853**

Mailing Address
**% MOUNTAIN LAKE CORPORATION
2300 ALTERNATE HIGHWAY 27 NORTH
LAKE WALES, FL 33853**

40064125



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 832

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122007 Chg-P CR2E034 (12/06)

City & State

City & State
LAKE WALES, FL

4. FEI Number
59-1674696

Applied For
Not Applicable

Zip Country

Zip Country
33854-0832

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTIN, ROBERT E
% MOUNTAIN LAKE CORPORATION
2300 ALTERNATE HIGHWAY 27 NORTH
LAKE WALES, FL 33853**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T
NAME CASHEL, THOMAS W ☒ Delete
STREET ADDRESS #48 MOUNTAIN LAKE
CITY-ST-ZIP LAKE WALES, FL 338590832

P
NAME ADAMS, LOUISE ☐ Change ☒ Addition
STREET ADDRESS #48 MOUNTAIN LAKE
CITY-ST-ZIP LAKE WALES, FL 33898

VP
NAME BLAUVELT, BRITA N ☒ Delete
STREET ADDRESS #48 MOUNTAIN LAKE
CITY-ST-ZIP LAKE WALES, FL 338590832

VP
NAME EICHLEAY, GEORGE F. ☐ Change ☒ Addition
STREET ADDRESS 239 THOMAS ROAD
CITY-ST-ZIP LIGONIER, PA 15658-9212

P
NAME HAYNES, G. ARNOLD ☐ Delete
STREET ADDRESS #48 MOUNTAIN LAKE
CITY-ST-ZIP LAKE WALES, FL 338590832

P
NAME HAYNES, G. ARNOLD ☒ Change ☐ Addition
STREET ADDRESS 5 CAROLINE ST.
CITY-ST-ZIP WELLESLEY HILLS, MA 02481

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/07