


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 10, 2008 08:00 A
Secretary of State**

| | |
|--|---|
| DOCUMENT # 324040 1. Entity Name EL CASERIO CORPORATION |  |
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|---|--|
| Principal Place of Business % MOUNTAIN LAKE CORPORATION 2300 ALTERNATE HIGHWAY 27 NORTH LAKE WALES, FL 33853 | Mailing Address P.O. BOX 832 LAKE WALES, FL 33859-0832 |
|---|--|



01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1674696 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

000000853776
03/28/08-80034-002 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ADAMS, LOUISE #48 MOUNTAIN LAKE LAKE WALES, FL 33898 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP EICHLEAY, GEORGE F 239 THOMAS RD LIGONIER, PA 156589212 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HAYNES, G. ARNOLD 5 CAROLINE ST WELLESLEY HILLS, MA 02481 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: *G. Arnold* **FEB 4 2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #