

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000001321**

1. Entity Name

LAKE WALES PRAM FLEET, INC.



Principal Place of Business

318 N SCENIC HWY  
LAKE WALES FL 33853

Mailing Address

318 N SCENIC HWY  
LAKE WALES FL 33853

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3434218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

KAHLER, NANCY D  
318 N SCENIC HWY  
LAKE WALES FL 33853

7. Name and Address of New Registered Agent

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 \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: D  
NAME: CARTER, M B  
STREET ADDRESS: 1053 SUNSET DR  
CITY-ST-ZIP: LAKE WALES FL 33853 ☐ Delete

TITLE: PD  
NAME: MCKEEMAN, PATTY  
STREET ADDRESS: 211 CATHERINE AVE  
CITY-ST-ZIP: BABSON PARK FL 33827 ☐ Delete

TITLE: VPD  
NAME: MCKEEMAN, DAVID  
STREET ADDRESS: 211 COTHERINE AVE  
CITY-ST-ZIP: BABSON PARK FL 33827 ☐ Delete

TITLE: D  
NAME: KAHLER, JAN  
STREET ADDRESS: 914 CAMPBELL AVE  
CITY-ST-ZIP: LAKE WALES FL 33853 ☐ Delete

TITLE: SD  
NAME: KAHLER, NANCY  
STREET ADDRESS: 1107 SUNSET DR  
CITY-ST-ZIP: LAKE WALES FL 33853 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: 000000238707  
CITY-ST-ZIP: 02/22/05-80012-003 61.25

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: *M B Carter* M. B. CARTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/05 9636762442

Date

Daytime Phone #