

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90022 033 ****61.25

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

40014842



01112008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

59-3434218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAHLER, NANCY D
318 N SCENIC HWY
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

Nancy D. Kahler

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

(NOTE: Registered Agent signature required when reinstating)

1/11/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARTER, M B
STREET ADDRESS	1053 SUNSET DR
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	PD
NAME	MCKEEMAN, PATTY
STREET ADDRESS	211 CATHERINE AVE
CITY-ST-ZIP	BABSON PAKR, FL 33827
TITLE	VPD
NAME	MORSE, GARY
STREET ADDRESS	4149 CHOWEN DR.
CITY-ST-ZIP	LAKELAND, FL 33810
TITLE	D
NAME	HAGEN, PHIL
STREET ADDRESS	224 RIDGE MANOR DR.
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	SD
NAME	KAHLER, NANCY
STREET ADDRESS	1107 SUNSET DR
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	D
NAME	SKUKOWSKI, BILL
STREET ADDRESS	6703 WINTERSET GARDENS RD.
CITY-ST-ZIP	WINTER HAVEN, FL 33884

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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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08
Date

Daytime Phone #