

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



DO NOT WRITE IN THIS SPACE

01112008 No Chg-NP CR2E037 (4/06)

| | |
|---|--------------------------------|
| 4. FEI Number 59-3434218 | 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

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

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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 DATE: 1/11/08

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

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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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 empowereds.

SIGNATURE: M B Carter DATE: 1/28/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Da. Time Phone #