

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

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

FILED

09 MAY -6 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE  
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)

4/23/09  
4/11/08  
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

500152774815  
04/27/09--01015--017 \*\*61.25

DO NOT WRITE  
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:

*Nancy D. Kahler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/09

863-676-1614