

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001321

FILED  
Mar 01, 2010  
Secretary of State

**Entity Name:** LAKE WALES PRAM FLEET, INC.

**Current Principal Place of Business:**

318 N SCENIC HWY  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

318 N SCENIC HWY  
LAKE WALES, FL 33853

**New Mailing Address:**

**FEI Number:** 59-3434218

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CARTER, M B  
Address: 1053 SUNSET DR  
City-St-Zip: LAKE WALES, FL 33853

Title: PD  
Name: MCKEEMAN, PATTY  
Address: 211 CATHERINE AVE  
City-St-Zip: BABSON PAKR, FL 33827

Title: VPD  
Name: MORSE, GARY  
Address: 4149 CHOWEN DR.  
City-St-Zip: LAKELAND, FL 33810

Title: D  
Name: HAGEN, PHIL  
Address: 224 RIDGE MANOR DR.  
City-St-Zip: LAKE WALES, FL 33853

Title: SD  
Name: KAHLER, NANCY  
Address: 1107 SUNSET DR  
City-St-Zip: LAKE WALES, FL 33853

Title: D  
Name: SKUKOWSKI, BILL  
Address: 6703 WINTERSET GARDENS RD.  
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MARTHA B CARTER

D

03/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date