

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90012 047 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P0000109456
 1. Entity Name
TORGAN LAKE, INC.

Principal Place of Business Mailing Address
2267 HWY 98 EAST **2267 HWY 98 EAST**
CARRABELLE FL 32322 **CARRABELLE FL 32322**

2. Principal Place of Business 3. Mailing Address
143 BETTY DRIVE **143 BETTY DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PORT ST JOE **PORT ST JOE**
 Zip Country Zip Country
32456 **GULF** **32456** **GULF**

4. FEI Number Applied For
59-3708092 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KRAUSE, RICHARD W
2267 HWY 98 EAST
CARRABELLE FL 32322

7. Name and Address of New Registered Agent
 Name **Richard W. Krause**
 Street Address (P.O. Box Number is Not Acceptable)
143 BETTY DRIVE
 City **PORT ST JOE** FL Zip Code **32456**

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.
 SIGNATURE: [Signature] DATE: 4/20/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	D KRAUSE, RICHARD W
STREET ADDRESS	2267 HWY 98 EAST
CITY-ST-ZIP	CARRABELLE FL 32322
TITLE	<input type="checkbox"/> Delete
NAME	D FRANZEN, PATRICIA B
STREET ADDRESS	2267 HWY 98 EAST
CITY-ST-ZIP	CARRABELLE FL 32322
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D RICHARD W KRAUSE
STREET ADDRESS	143 BETTY DRIVE
CITY-ST-ZIP	PORT ST JOE, FL 32456
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PATRICIA B FRANZEN
STREET ADDRESS	143 BETTY DRIVE
CITY-ST-ZIP	PORT ST JOE, FL 32456
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date: 4/20/02 Daytime Phone #: 850 227 7765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)