

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90035 022 ***150.00

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02082007 Chg-P CR2E034 (12/06)

4. FEI Number **59-3090013** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DOCUMENT # S93468
 1. Entity Name
KING LAKE MANUFACTURED HOMES, INC.



Principal Place of Business Mailing Address
43 LAIRD RD CRESTVIEW, FL 32539 US **43 LAIRD RD CRESTVIEW, FL 32539 US**

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
PERMENTER, WILLIAM D.
43 LAIRD RD
CRESTVIEW, FL 32539

7. Name and Address of New Registered Agent
 Name **R Douglas Permenter**
 Street Address (P.O. Box Number is Not Acceptable) **43 Laird Rd**
 City **Crestview** **FL** Zip Code **32539**

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 *[Signature]* DATE **2/8/07**

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	PERMENTER, WILLIAM D.	
STREET ADDRESS	100 CHANTELAIRE CIR	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PERMENTER, ROBERT D	
STREET ADDRESS	282 PLANTATION HILL RD	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PERMENTER, ELIZABETH A	
STREET ADDRESS	110 CHANTELAIRE CIR	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R Douglas Permenter	
STREET ADDRESS	43 Laird Rd	
CITY-ST-ZIP	Crestview, FL 32539	
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		

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 607, 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: *[Signature]* **R Douglas Permenter** DATE **2/8/07** **850-892-2103**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #