

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 AM
Secretary of State

DOCUMENT # S93468

1. Entity Name
KING LAKE MANUFACTURED HOMES, INC.



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

Mailing Address
**43 LAIRD RD
CRESTVIEW, FL 32539 US**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3090013 | 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

**PERMENTER, R. DOUGLAS
43 LAIRD RD
CRESTVIEW, FL 32539**

**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 _____

Signat re. typed or printed name of registered agent and filer's application

(NOTE: Registered Agent signature required when reinstating)

DATE

000000785145

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

01/16/08-80084-012 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | VD |
| NAME | PERMENTER, WILLIAM D. |
| STREET ADDRESS | 100 CHANTELAIRE CIR |
| CITY- ST- ZIP | GULF BREEZE, FL 32561 |

| | |
|----------------|-----------------------|
| TITLE | PD |
| NAME | PERMENTER, R. DOUGLAS |
| STREET ADDRESS | 43 LAIRD RD |
| CITY- ST- ZIP | CRESTVIEW, FL 32539 |

| | |
|----------------|------------------------|
| TITLE | ST |
| NAME | PERMENTER, ELIZABETH A |
| STREET ADDRESS | 110 CHANTELAIRE CIR |
| CITY- ST- ZIP | GULF BREEZE, FL 32561 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/08 850 892-2123