2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V55901

1. Entity Name
LAKE HAMILTON TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
ALT. 27 & 546 LAKE HAMILTON, FL 33851	P.O. BOX 660 LAKE HAMILTON, FL 33851

DO NOT WRITE IN THIS SPACE

02142007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3134564	Not Applicable

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

6. Name and Address of Current Registered Agent

MURPHY, RONALD T.
4740 CLEVELAND HEIGHTS BLVD
LAKELAND, FL 33807

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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	PD
NAME	SCHUMAKER, SCOTT
STREET ADDRESS	360 GREENFIELD RD
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	S/T
NAME	COLLINS, DONNA L
STREET ADDRESS	909 LIBERTY LANE
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	V
NAME	SCHUMAKER, SHANNON H
STREET ADDRESS	360 GREENFIELD RD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000653020
03/13/07-80003-013 150.00

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: _____   March 7, 2007   863/439.3641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #