

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000016995

FILED  
Apr 12, 2012  
Secretary of State

Entity Name: LAKE BUENA VISTA FACTORY STORES, INC.

**Current Principal Place of Business:**

1725 UNIVERSITY DRIVE  
STE. 420  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

1725 UNIVERSITY DRIVE  
STE. 420  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

FEI Number: 65-0509025      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SUTTON, SAMUEL R P  
1725 UNIVERSITY DRIVE  
STE. 420  
CORAL SPRINGS, FL 33071 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: SHERRIN, JEFF  
Address: 1725 UNIVERSITY DRIVE STE. 420  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: P  
Name: SUTTON, SAM  
Address: 1725 UNIVERSITY DRIVE, STE. 420  
City-St-Zip: CORAL SPRINGS, FL

Title: DVP  
Name: SUTTON, ROBERT  
Address: 1725 UNIVERSITY DRIVE #420  
City-St-Zip: CORAL SPRINGS, FL

Title: D  
Name: VORSTMAN, BERT  
Address: 1725 UNIVERSITY DRIVE, SUITE 400  
City-St-Zip: CORAL SPRINGS, FL

Title: D  
Name: KRYSTOFF, JERROLD  
Address: 1725 UNIVERSITY DRIVE, SUITE 450  
City-St-Zip: CORAL SPRINGS, FL

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAM SUTTON

P

04/12/2012

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

\_\_\_\_\_ Date