

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 648904

Entity Name: LA VON TOURS, INC.

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2811 W STATE ROAD 434  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2811 W STATE ROAD 434  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

BALES,SUSAN  
808 GREENSHIRE CT  
LONGWOOD, FL 32779 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: PD  
Name: BALES,SUSAN  
Address: 808 GREENSHIRE CT  
City-St-Zip: LONGWOOD, FL 32779

Title: VST  
Name: BALES,SUSAN  
Address: 808 GREENSHIRE CT  
City-St-Zip: LONGWOOD, FL 32779

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: SUSAN L BALES

PRES

03/13/2012

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

\_\_\_\_\_  
Date