


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # G64341 1. Entity Name LADY CLARA, INC.		
Principal Place of Business PO BOX 501082 P.O. BOX 1082 MARATHON, FL 33050 US		Mailing Address PO BOX 501082 P.O. BOX 1082 MARATHON, FL 33050 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WRIGHT, THOMAS D. 5701 OVERSEAS HIGHWAY SUITE 17 MARATHON, FL 33050		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000649269 03/07/07-80042-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MAYETTE, GERALD E. 1129 CALLE ENSENADA MARATHON, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MAYETTE, CLARA A. 1129 CALLE ENSENADA MARATHON, FL	
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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: <i>Clara A. Mayette</i> CLARA A. MAYETTE 2/23/07 305 743 9424 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #		