

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H46849

Entity Name: KLOWN KAPERS, INC.

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5151 QUAIL VALLEY RD  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

5151 QUAIL VALLEY RD  
TALLAHASSEE, FL 32309

**New Mailing Address:**

FEI Number: 59-2508361

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MONTI, RJ  
743 RED FERN RD  
TALLAHASSEE, FL 32308 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: P,D  
Name: SHAW, MIMI  
Address: 5151 QUAIL VALLEY ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP,D  
Name: SHAW, PERRY  
Address: 5151 QUAIL VALLEY ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: SEC  
Name: BISSONNETTE, JULIE-ROSE  
Address: 5151 QUAIL VALLEY RD  
City-St-Zip: TALLAHASSEE, FL 32309

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: MIMI SHAW

PD

01/07/2011

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

\_\_\_\_\_  
Date