

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J72465

Entity Name: LAR-BRA', INC.

FILED  
Jan 18, 2011  
Secretary of State

**Current Principal Place of Business:**

404 SOUTH WOODROW WILSON  
PLANT CITY, FL 33563

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1285  
PLANT CITY, FL 33564

**New Mailing Address:**

FEI Number: 59-2824768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BODENMILLER, BASIL J  
404 SOUTH WOODROW WILSON  
PLANT CITY, FL 33563 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: BODENMILLER, BASIL J  
Address: 404 S. WOODROW WILSON  
City-St-Zip: PLANT CITY, FL 33563

Title: D  
Name: BODENMILLER, JANETH W  
Address: 404 S. WOODROW WILSON  
City-St-Zip: PLANT CITY, FL 33563

Title: D  
Name: STEPHENS, LAURIE B  
Address: 8028 SHARON DRIVE  
City-St-Zip: TAMPA, FL 33617

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: JANETH BODENMILLER

D

01/18/2011

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

\_\_\_\_\_  
Date