

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L70373

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Entity Name:** INTIMATES LINGERIE OF NAPLES, INC.

**Current Principal Place of Business:**

2083 PINE RIDGE ROAD  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

2083 PINE RIDGE ROAD  
NAPLES, FL 34109 US

**New Mailing Address:**

**FEI Number:** 65-0197065

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

INTIMATES LINGERIE  
2083 PINE RIDGE RD  
NAPLES, FL 34109 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: PRES  
Name: SIZEMORE, TIM PRES  
Address: 111 3RD ST S.W.  
City-St-Zip: NAPLES, FL 34117

Title: VICE  
Name: SIZEMORE, ALEXANDRA M VP  
Address: 111 3RD ST S.W.  
City-St-Zip: NAPLES, FL 34109

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: TIM SIZEMORE

PRES

02/01/2011

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

\_\_\_\_\_  
Date