

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000153678

Entity Name: LOCLAR UNIQUES INC.

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

205 FLAME AVE.  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 181219  
CASSELBERRY, FL 32718

**New Mailing Address:**

FEI Number: 05-0593270

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALLEN, CLARA K  
205 FLAME AVE.  
MAITLAND, FL 32751 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: ALLEN, CLARA K  
Address: 205 FLAME AVE.  
City-St-Zip: MAITLAND, FL 32751

Title: VP  
Name: ALLEN, FRANKLIN T  
Address: 205 FLAME AVE.  
City-St-Zip: MAITLAND, FL 32751

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: CLARA K. ALLEN

PRES

01/19/2012

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

\_\_\_\_\_  
Date