

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048008

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** LA CASA REAL ESTATE, INC.

**Current Principal Place of Business:**

300 EL PRADO  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

300 EL PRADO  
NORTH PORT, FL 34287

**New Mailing Address:**

**FEI Number:** 20-0913188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GORDON, SCOTT E  
TWO NORTH TAMIAMI TRAIL  
SUITE 500  
SARASOTA, FL 34236 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: VPD  
Name: SCHLEEHAUF, WALLACE E  
Address: 650 LA SALA  
City-St-Zip: NORTH PORT, FL 34287

Title: D  
Name: RITTER, JOHN  
Address: 403 CANTINA  
City-St-Zip: NORTH PORT, FL 34287

Title: TD  
Name: LEHNIS, THOMAS  
Address: 517 SAN CLEMENTE  
City-St-Zip: NORTH PORT, FL 34287

Title: PD  
Name: KULIBERT, MARILYN K  
Address: 809 VILLA DEL SOL  
City-St-Zip: NORTH PORT, FL 34287

Title: D  
Name: BEELER, GARY G  
Address: 3002 PELLAM BOULEVARD  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: SD  
Name: SCHOONMAKER, JOYCE F  
Address: 602 IGLESIA  
City-St-Zip: NORTH PORT, FL 34287

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: WALLACE SCHLEEHAUF

VP

04/10/2012

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

\_\_\_\_\_  
Date