


Education: Some College Coursework Completed
Work Status: US - I am authorized to work in this country

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90092 019 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | | | |
|--|-----------------------|---|---|---|---------|
| DOCUMENT # P04000051145 | | | |  | |
| 1. Entity Name CAPRI LAZY DAYS, INC. | | | | | |
| Principal Place of Business 2465 N JEFFERSON ST MONTICELLO, FL 32344 | | | Mailing Address P.O. BOX 503 MONTICELLO, FL 32345 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 4. FEI Number 02-0718649 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BACK, CHARLES E 2515 M. JEFFERSON ST. MONTICELLO, FL 32344 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | PD | <input type="checkbox"/> Delete | | | |
| NAME | BACK, CHARLES | | | | |
| STREET ADDRESS | 58 HILLSIDE | | | | |
| CITY-ST-ZIP | MONTICELLO, FL 32344 | | | | |
| TITLE | STD | <input type="checkbox"/> Delete | | | |
| NAME | BACK, BILLIE L | | | | |
| STREET ADDRESS | 2515 N. JEFFERSON ST. | | | | |
| CITY-ST-ZIP | MONTICELLO, FL 32344 | | | | |
| TITLE | VD | <input type="checkbox"/> Delete | | | |
| NAME | BACK, ADELE C | | | | |
| STREET ADDRESS | 58 HILLSIDE | | | | |
| CITY-ST-ZIP | MONTICELLO, FL 32344 | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | 726 North 5th Street | | | | |
| CITY-ST-ZIP | MARCELIN, FL 32063 | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Milie J. Back</u> 3-30-07 850-992-1828 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |