2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P04000051145

Entity Name: CAPRI LAZY DAYS, INC.

Current Principal Place of Business:

2465 N JEFFERSON ST
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 503
MONTICELLO, FL 32345

New Mailing Address:

FEI Number: 02-0718649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BACK, CHARLES E
2515 M. JEFFERSON ST.
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

BACK, BILLIE L
2515 N JEFFERSON ST.
MONTICELLO, FL 32344 US

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: BILLIE L. BACK 04/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BACK, CHARLES
Address: 58 HILLSIDE
City-St-Zip: MONTICELLO, FL 32344

Title: STD ( ) Delete
Name: BACK, BILLIE L
Address: 2515 N. JEFFERSON ST.
City-St-Zip: MONTICELLO, FL 32344

Title: VD ( ) Delete
Name: BACK, ADELE C
Address: 726 NORTH 5TH ST
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BACK, BILLIE L
Address: 2515 N JEFFERSON ST
City-St-Zip: MONTICELLO, FL 32344

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BILLIE L. BACK PD 04/24/2009
Electronic Signature of Signing Officer or Director Date