

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000002834

FILED
Aug 14, 2009
Secretary of State

Entity Name: CLARA'S ISLE OF CAPRI OF LAKE LAND, INC.

Current Principal Place of Business:

541 S. COMBEE ROAD
LAKE LAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

541 S. COMBEE ROAD
LAKE LAND, FL 33801

New Mailing Address:

FEI Number: 59-3565710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUAZON, TIMOTHY
541 S COMBEE RD
LAKE LAND, FL 33801 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LUAZON, CHRSITY
Address: 2405 S TIMBERLANE
City-St-Zip: LAKE LAND, FL 33801

Title: P () Delete
Name: LAUZON, TIM
Address: 2504 S. TIMBERLANE
City-St-Zip: LAKE LAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TIMOTHY LUAZON

P

08/14/2009

Electronic Signature of Signing Officer or Director

Date