

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000002834

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** CLARA'S ISLE OF CAPRI OF LAKELAND, INC.

**Current Principal Place of Business:**

541 S. COMBEE ROAD  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

541 S. COMBEE ROAD  
LAKELAND, 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  
LAKELAND, 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

**OFFICERS AND DIRECTORS:**

Title: T  
Name: LUAZON, CHRISTY  
Address: 541 S. COMBEE RD  
City-St-Zip: LAKELAND, FL 33801

Title: P  
Name: LAUZON, TIM  
Address: 2504 S. TIMBERLANE  
City-St-Zip: LAKELAND, FL 33801

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: TIM LAUZON

PRES

03/08/2011

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

\_\_\_\_\_  
Date