


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90334 046 \*\*\*150.00

**DOCUMENT # 251278**  
 1. Entity Name  
**L'ABRI CORPORATION**



Principal Place of Business  
**C/O MOUNTAIN LAKE CORPORATION  
 2300 ALTERNATE HIGHWAY 27 NORTH  
 LAKE WALES, FL 33853**

Mailing Address  
**C/O MOUNTAIN LAKE CORPORATION  
 2300 ALTERNATE HIGHWAY 27 NORTH  
 LAKE WALES, FL 33853**

**50038105**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

03222005 Chg-P CR2E034 (10/03)

**6. Name and Address of Current Registered Agent**

**MARTIN, ROBERT E  
 MOUNTAIN LAKE CORPORATION  
 2300 ALTERNATE HIGHWAY 27 NORTH  
 LAKE WALES, FL 33853**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARNER, M P MRS #8 MOUNTAIN LAKE LAKE WALES, FL 338590832	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEIDLEIN, ELIZABETH #8 MOUNTAIN LAKE LAKE WALES, FL 338590832	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLASS, DONAL J 8 MOUNTAIN LAKE LAKE WALES, FL 33859	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARNER, M P MRS. # 8 Mountain LAKE LAKE WALES, FL 33859-0832	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Weidlein, ELIZABETH #8 Mountain LAKE LAKE WALES, FL 33859-0832	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEMP, DR. Michael A. # 8 Mountain LAKE LAKE WALES, FL 33859-0832	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Elizabeth C. Weidlein 4/13/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #