

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 251278

**FILED  
Feb 20, 2015  
Secretary of State  
CC9953032495**

**Entity Name:** L'ABRI CORPORATION

**Current Principal Place of Business:**

C/O MOUNTAIN LAKE CORPORATION  
2300 NORTH SCENIC HIGHWAY  
LAKE WALES, FL 33898

**Current Mailing Address:**

P.O. BOX 832  
LAKE WALES, FL 33859-0832

**FEI Number:** 59-1003057

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARTIN, ROBERT E  
MOUNTAIN LAKE CORPORATION  
2300 NORTH SCENIC HIGHWAY  
LAKE WALES, FL 33898 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            GEEHR, OLIVE WMRS.  
Address        22 EAST LENNOX ROAD  
City-State-Zip: PITTSFIELD MA 01202

Title            T  
Name            MARTIN, ROBERT E.  
Address        5931 LAKE PARK ROAD  
City-State-Zip: LAKE WALES FL 33898

Title            VP  
Name            LEMP, JOAN AMRS.  
Address        4000 CATHEDRAL AVE NW #828B  
City-State-Zip: WASHINGTON DC 20016

*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:** ROBERT E. MARTIN

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02/20/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date