

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000070050

**FILED**  
**Jan 12, 2017**  
**Secretary of State**  
**CC5084490509**

**Entity Name:** LAC PROPERTIES OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

5328 CENTRAL AVE  
ST PETERSBURG, FL 33707

**Current Mailing Address:**

5328 CENTRAL AVE  
ST PETERSBURG, FL 33707

**FEI Number:** 27-0122520

**Certificate of Status Desired:** No

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

LEVERITT, KAREN B  
5328 CENTRAL AVE  
ST PETERSBURG, FL 33707 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 PD  
Name LEVERITT, KAREN B  
Address 5328 CENTRAL AVE  
City-State-Zip: ST PETERSBURG FL 33707

Title STD  
Name JONES, CHARLIE  
Address 1611 W COUNTY RD 48  
City-State-Zip: BUSHNELL FL 33513

*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:** KAREN B. LEVERITT

PD

01/12/2017

Electronic Signature of Signing Officer/Director Detail

Date