


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # 499264 | |  |
| 1. Entity Name LEETEL, INC. | | |
| Principal Place of Business 255 S. ORANGE AVE. STE. 800 ORLANDO, FL 32801 US | Mailing Address 255 S. ORANGE AVE. STE. 800 ORLANDO, FL 32801 US | |



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SMITH, W. KELLY
 255 S. ORANGE AVE.
 STE. 800
 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 | PD SMITH, W. KELLY 255 S. ORANGE AVE., SUITE 800 ORLANDO, FL 32801 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S SMITH, L.R. 255 S. ORANGE AVE., SUITE 800 ORLANDO, FL 32801 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T SMITH, KEVIN K 255 S. ORANGE AVE. STE. 800 ORLANDO, FL 32801 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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 02/20/08-80049-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: W. Kelly Smith W. Kelly Smith, President 2/5/08 407-843-7300

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #