2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 831049

1. Entity Name
LE CLAR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2200 S. OCEAN LANE, #2410 FT. LAUDERDALE, FL 33316	2200 S. OCEAN LANE, #2410 FT. LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

03102004 No Chg-P CR2E034 (10/03)

4. FEI Number
31-0714623
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, JEFFREY A
2840 NE 26TH PL
FT. LAUDERDALE, FL 33306

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	KING, BARBARA A
STREET ADDRESS	204 NE 51ST ST
CITY-ST-ZIP	POMPANO BCH, FL 33064
TITLE	D
NAME	COLEMAN, T SCOTT
STREET ADDRESS	18316 LONG LAKE DRIVE
CITY-ST-ZIP	BOCA RATON, FL 00000,
TITLE	D
NAME	COLEMAN, E A
STREET ADDRESS	2200 S OCEAN LN APT 2410
CITY-ST-ZIP	FT LAUDERDALE, FL 00000,
TITLE	PD
NAME	COLEMAN, JEFFREY A
STREET ADDRESS	2840 NE 26TH PL
CITY-ST-ZIP	FT LAUDERDALE, FL 33306
TITLE	V
NAME	COLEMAN, BARBARA J.
STREET ADDRESS	2200 S. OCEAN LANE APT 2410
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/04-80064-024 150.00

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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: Jeffrey A. Coleman Pres. 4/8/04 954-568-7178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #