


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000006196**

1. Entity Name  
**LESRO INDUSTRIES, INC.**



Principal Place of Business      Mailing Address

**55 PETERS ROAD      55 PETERS ROAD**  
**BLOOMFIELD, CT 06002      BLOOMFIELD, CT 06002**

**DO NOT WRITE IN THIS SPACE**



01122005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**06-0898258**      Not Applicable

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

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

**STEPHEN B. GREENFIELD, P.A.**  
**7000 W. PALMETTO PK RD, #402**  
**BOCA RATON, FL 33433**

**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, 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	PCD
NAME	LESHEM, ADAM
STREET ADDRESS	14 HAMMICK ROAD
CITY-ST-ZIP	WEST HARTFORD, CT
TITLE	VD
NAME	LESHEM, ALICE
STREET ADDRESS	14 HAMMICK ROAD
CITY-ST-ZIP	WEST HARTFORD, CT
TITLE	SD
NAME	LESHEM, ED
STREET ADDRESS	40 HIGHWOOD RD
CITY-ST-ZIP	SIMSBURY, CT
TITLE	TD
NAME	LESHEM, JERRY
STREET ADDRESS	36 NORWOOD RD
CITY-ST-ZIP	WEST HARTFORD, CT
TITLE	D
NAME	LESHEM, STEVE
STREET ADDRESS	17603 LUNNONHAUS DRIVE
CITY-ST-ZIP	GOLDEN, CO
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000207287  
02/16/05-80039-014 158.75

**DO NOT WRITE IN THIS SPACE**

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:** *[Signature]* **Jerry Leschem**      **1/15/05**      **860 243-3286**

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