


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90016 024 ****61.25

DOCUMENT # N26599 1. Entity Name FLORIDA LAW ENFORCEMENT PROPERTY RECOVERY UNIT, INC.					
Principal Place of Business P.O. BOX 1424 HIGHLAND CITY, FL 33846			Mailing Address P.O. BOX 1424 HIGHLAND CITY, FL 33846		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2888218			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>					\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GEE, JACK 1300 W BROWARD BLVD FT LAUDERDALE POLICE DEPT FORT LAUDERDALE, FL 33312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VD	NAME JACOBS, MICHAEL		<input type="checkbox"/> Delete		
STREET ADDRESS P.O. BOX 1424	CITY-ST-ZIP HIGHLAND CITY, FL 33846		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP HIGHLAND CITY, FL 33846	NAME GEE, JACK		<input type="checkbox"/> Delete		
STREET ADDRESS P.O. BOX 1424	CITY-ST-ZIP HIGHLAND CITY, FL 33846		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP HIGHLAND CITY, FL 33846	NAME ALBERTS, RAFAEL		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS P.O. BOX 1424	CITY-ST-ZIP HIGHLAND CITY, FL 33846		TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP HIGHLAND CITY, FL 33846	NAME KREMANN, CATHY		<input type="checkbox"/> Delete		
STREET ADDRESS P.O. BOX 1424	CITY-ST-ZIP HIGHLAND CITY, FL 33846		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP HIGHLAND CITY, FL 33846	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP _____	NAME _____		<input type="checkbox"/> Delete		
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 617, 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.					
TREASURER SIGNATURE: Catherine A. Kremann CATHERINE A. KREMANN 1/17/04 863 287-0131 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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