


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90045 040 ****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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GEE, JACK 1300 W BROWARD BLVD FT LAUDERDALE POLICE DEPT FORT LAUDERDALE, FL 33312		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 title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, MICHAEL	NAME	
STREET ADDRESS	P.O. BOX 1424	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND CITY, FL 33846	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEE, JACK	NAME	
STREET ADDRESS	P.O. BOX 1424	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND CITY, FL 33846	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRING, KLEYNEN	NAME	
STREET ADDRESS	P.O. BOX 1424	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND CITY, FL 33846	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREMANN, CATHY	NAME	SIRERA, CATHY
STREET ADDRESS	P.O. BOX 1424	STREET ADDRESS	PO BOX 1424
CITY-ST-ZIP	HIGHLAND CITY, FL 33846	CITY-ST-ZIP	HIGHLAND CITY, FL 33846
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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.			
SIGNATURE: <u>Cathy Sueic</u> <u>Cathy Sirera</u>		Date: <u>4/8/05</u> Daytime Phone #: <u>813 287-0131</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	