

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000058924

Entity Name: I.P. LEFTONS, INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

OAKMONT RIDGE CIR
#17958
FORT MYERS, FL 33912

New Principal Place of Business:

17958 OAKMONT RIDGE CIR
FORT MYERS, FL 33967

Current Mailing Address:

OAKMONT RIDGE CIR
#17958
FORT MYERS, FL 33912

New Mailing Address:

17958 OAKMONT RIDGE CIR
FORT MYERS, FL 33967

FEI Number: 30-0092890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETRASOVI, IGOR
OAKMONT RIDGE CIR
#17958
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PETRASOVIC, IGOR
Address: OAKMONT RIDGE CIR
City-St-Zip: FORT MYERS, FL 33912

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: MARCEKOVA, MARCELA
Address: 17958 OAKMONT RIDGE CIRCLE
City-St-Zip: FORT MYERS, FL 33967 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCEKOVA MARCELA

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04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date