

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000007596

**FILED**  
**Apr 16, 2007**  
**Secretary of State**

**Entity Name:** LESA HART, INC.

**Current Principal Place of Business:**

2959 KILLEARN PT. CT  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

2994 KILLEARN PT. CT  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

2959 KILLEARN PT. CT  
TALLAHASSEE, FL 32312

**New Mailing Address:**

2994 KILLEARN PT. CT  
TALLAHASSEE, FL 32312

**FEI Number:** 20-2171010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, LESA  
2994 KILLEARN PT CT  
TALLAHASSEE, FL 32312 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: P ( ) Delete  
Name: HART, LESA  
Address: 2994 KILLEARN PT CT  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LESA HART

P

04/16/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date