


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 219505	
1. Entity Name LEFFLER COMPANY	

Principal Place of Business P.O. BOX 1845 421 S. VA. AVENUE SANFORD, FL 32771 US	Mailing Address P.O. BOX 1845 421 S. VA. AVENUE SANFORD, FL 32771 US
--	--

DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-6064452	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

**WALLING, LILA L
5327 RIVERSIDE DRIVE
HOMOSASSA, FL 34448**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000029453
02/04/04-80066-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD	NAME LEFFLER, KENNETH M
STREET ADDRESS 1400 WINDSOR AVE	CITY-ST-ZIP LONGWOOD, FL 32750
TITLE DS	NAME LEFFLER, CHARLES
STREET ADDRESS 11 CLIFTVIEW LANE	CITY-ST-ZIP ORMOND BEACH, FL 32174
TITLE D	NAME WALLING, LILA L
STREET ADDRESS 5327 RIVERSIDE DRIVE	CITY-ST-ZIP HOMOSASSA, FL 34448
TITLE D	NAME BUSH PFLUEGER, MARY
STREET ADDRESS 2005 SOUTH OAK AVENUE	CITY-ST-ZIP SANFORD, FL 32771
TITLE D	NAME LEFFLER, VINCENT
STREET ADDRESS PO BOX 1845	CITY-ST-ZIP SANFORD, FL 32771
TITLE T	NAME DYCUS, JAMES R
STREET ADDRESS 2305 MELLONVILLE AVE	CITY-ST-ZIP SANFORD, FL 32771

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. DYCUS **Treasurer** **JAMES R. DYCUS** **1/29/2004**

Date

Daytime Phone #

407-322-0561