


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90003 017 ***150.00

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		
2. Principal Place of Business 1400 Windsor Ave.			3. Mailing Address Suite, Apt. #, etc.		
City & State Longwood, FL			City & State Suite, Apt. #, etc.		
Zip 32750		Country USA		4. FEI Number 59-6064452	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALLING, LILA L 5327 RIVERSIDE DRIVE HOMOSASSA, FL 34448			7. Name and Address of New Registered Agent Name Kenneth M. Leffler Street Address (P.O. Box Number is Not Acceptable) 1400 Windsor Ave. City Longwood FL Zip Code 32750		
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 <u><i>Kenneth M. Leffler</i></u> 1/8/05 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEFFLER, KENNETH M 1400 WINDSOR AVE LONGWOOD, FL 32750	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEFFLER, CHARLES 11 CLIFVIEW LANE ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLING, LILA L 5327 RIVERSIDE DRIVE HOMOSASSA, FL 34448	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH PFLUEGER, MARY 2005 SOUTH OAK AVENUE SANFORD, FL 32771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFFLER, VINCENT PO BOX 1845 SANFORD, FL 32771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DYCUS, JAMES R 2305 MELLONVILLE AVE SANFORD, FL 32771	<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 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: <u><i>Kenneth M. Leffler</i></u> 1/8/05 407-331-5515 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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