

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 269391

1. Entity Name
LE COEUR, INC.



Principal Place of Business
**2104 MAHOGANY PLACE
PALM BCH GARDENS, FL 33418 US**

Mailing Address
**2104 MAHOGANY PLACE
PALM BEACH GARDENS, FL 33418 US**



02132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1035884

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DENTON, RENEE
2104 MAHOGANY PLACE
PALM BEACH GARDENS, FL 33418**

**DO NOT WRITE
IN THIS SPACE**

I, 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DENTON, RENEE
STREET ADDRESS	2104 MAHOGANY PLACE
CITY - ST - ZIP	PALM BCH GARDENS, FL

TITLE	VD
NAME	DENTON, RENEE
STREET ADDRESS	2104 MAHOGANY PLACE
CITY - ST - ZIP	PALM BCH GARDENS, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/09/05-80072-007 150.00

**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

RENEE V. DENTON

Date

04/08/2005

Daytime Phone # _____