

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 319041

1. Entity Name
LESGREEN CORP.



Principal Place of Business
**4329 N. STATE RD. #7
FT. LAUDERDALE, FL 33319**

Mailing Address
**4329 N. STATE RD. #7
FT. LAUDERDALE, FL 33319**

DO NOT WRITE IN THIS SPACE



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-1170638** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORN, STEPHEN H
4329 N STATE RD 7
FORT LAUDERDALE, FL 33319-4856**

**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**

**U00000088033
03/15/04-88033-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
CORN, HILDA
6808 CASA GRANDE WAY
DELRAY BEACH, FL 33446**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
CORN, STEPHEN
4329 N STATE ROAD 7
LAUDERDALE LAKES, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CORN, HERMAN
6808 CASA GRANDA WAY
DELRAY BEACH, FL 33446**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(f), 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:

Stephen H Corn
V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-04 954-484-2400
Date Daytime Phone #