


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 499264</b>	
1. Entity Name LEETEL, INC.	
	
Principal Place of Business 255 S. ORANGE AVE. STE. 800 ORLANDO, FL 32801 US	Mailing Address 255 S. ORANGE AVE. STE. 800 ORLANDO, FL 32801 US



02042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SMITH, W. KELLY  
255 S. ORANGE AVE.  
STE. 800  
ORLANDO, FL 32801

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, W. KELLY 255 S. ORANGE AVE., SUITE 800 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, L.R. 255 S. ORANGE AVE., SUITE 800 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, KEVIN K 255 S. ORANGE AVE. STE. 800 ORLANDO, FL 32801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/20/08-80049-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Kelly Smith, President 2/5/08 407-843-7300

Date

Daytime Phone #