

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603493

FILED
Jan 08, 2004
Secretary of State

Entity Name: LESSER, LESSER & LANDY, P.A.

Current Principal Place of Business:

909 NORTH DIXIE
W. PALM BEACH, FL 33401

New Principal Place of Business:

375 S. COUNTY ROAD
SUITE 220
PALM BEACH, FL 33480

Current Mailing Address:

909 NORTH DIXIE
W. PALM BEACH, FL 33401

New Mailing Address:

375 S. COUNTY ROAD
SUITE 220
PALM BEACH, FL 33480

FEI Number: 58-1135564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESSER, SHEPARD
909 N. DIXIE
WEST PALM BEACH, FL 33401

Name and Address of New Registered Agent:

LESSER, SHEPARD
375 S. COUNTY ROAD
SUITE 220
PALM BEACH, FL 33480

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.

SIGNATURE: SHEPARD LESSER

01/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LESSER, GARY
Address: 909 N DIXIE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VPD () Delete
Name: LESSER, SHEPARD
Address: 909 N DIXIE
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LESSER, GARY
Address: 375 S. COUNTY ROAD, SUITE 220
City-St-Zip: PALM BEACH, FL 33480

Title: VPD (X) Change () Addition
Name: LESSER, SHEPARD
Address: 375 S. COUNTY ROAD, SUITE 220
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY S. LESSER

PD

01/08/2004

Electronic Signature of Signing Officer or Director

Date