


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 850334**  
 1. Entity Name  
**LENI HYDROKULTUR CORPORATION**



Principal Place of Business      Mailing Address  
**954 NORTH TEXAS AVENUE**      **954 NORTH TEXAS AVENUE**  
**ORLANDO, FL 32804 US**      **ORLANDO, FL 32804 US**

**DO NOT WRITE IN THIS SPACE**



03152004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**13-3032828**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**UNITED STATES CORPORATION COMPANY**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE, FL 32301**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

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

U00000112258  
 04/14/04-80015-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOSCH, GERT
STREET ADDRESS	954 NORTH TEXAS AVENUE
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	AS
NAME	GAINES, RICHARD
STREET ADDRESS	954 NORTH TEXAS AVENUE
CITY-ST-ZIP	ORLANDO, FL 32804
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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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: Richard L. Gaines, Asst Sec.      Date: 4-12-04      Daytime Phone #: (407) 822-5253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR