

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F15507

1. Entity Name
LEFILS ENTERPRISES, INC.



Principal Place of Business
**1391 OSCEOLA TRAM RD.
OSTEEN, FL 32764 US**

Mailing Address
**1391 OSCEOLA TRAM RD.
OSTEEN, FL 32764 US**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2049011

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEFILS, DONALD F., JR.
1391 OSCEOLA TRAM RD
OSTEEN, FL 32764**

**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, types 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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEFILS, DONALD F JR
STREET ADDRESS 1391 OSCEOLA TRAM RD
CITY-ST-ZIP OSTEEN, FL 32764

TITLE VTD
NAME LEFILS, PAMELA F. (S)
STREET ADDRESS 1391 OSCEOLA TRAM RD
CITY-ST-ZIP OSTEEN, FL 32764

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000006305
01/16/04-80030-001 150.00

**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:

Pamela F. LeFils **Pamela F. LeFils**

1-9-04

407-321-0507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #