

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90020 041 ***150.00

DOCUMENT # F83612

1. Entity Name

LES-QUE ONE, INC.



Principal Place of Business

106 SW 37TH TRAIL
WORTHINGTON SPRINGS FL 32697

Mailing Address

PO BOX 22
WORTHINGTON SPRINGS FL 32697

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2591020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIMES, JOHN D
11918 SW 37TH TRAIL
PO BOX 22
WORTHINGTON SPRINGS FL 32697

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE STD
NAME RIMES, LESSIE M ☐ Delete
STREET ADDRESS POB 22
CITY- ST- ZIP WORTHINGTON SPRINGS FL 32697

TITLE PCM
NAME RIMES, JOHN D JR ☐ Delete
STREET ADDRESS POB 22
CITY- ST- ZIP WORTHINGTON SPRINGS FL 32697

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D DIRECTOR ☐ Change ☒ Addition
NAME JOHN D. RIMES, III
STREET ADDRESS P.O. BOX 22
CITY- ST- ZIP WORTHINGTON SPRINGS, FL. 32697

TITLE D DIRECTOR ☐ Change ☒ Addition
NAME JEFFREY D. RIMES
STREET ADDRESS P.O. BOX 22
CITY- ST- ZIP WORTHINGTON SPRINGS, FL. 32697

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John D. Rimes, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-07

Date

(386) 496-2777

Daytime Phone #