

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F83612

Entity Name: LES-QUE ONE, INC.

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

106 SW 37TH TRAIL  
WORTHINGTON SPRINGS, FL 32697

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 22  
WORTHINGTON SPRINGS, FL 32697

## New Mailing Address:

FEI Number: 59-2591020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

RIMES, JOHN D  
11918 SW 37TH TRAIL  
WORTHINGTON SPRINGS, FL 32697 US

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:

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: RIMES, LESSIE M,  
Address: POB 22  
City-St-Zip: WORTHINGTON SPRINGS, FL 32697

Title: PCM ( ) Delete  
Name: RIMES, JOHN D JR,  
Address: POB 22  
City-St-Zip: WORTHINGTON SPRINGS, FL 32697

Title: D ( ) Delete  
Name: RIMES III, JOHN P  
Address: P.O. BOX 22  
City-St-Zip: WORTHINGTON SPRINGS, FL 32697

Title: D ( ) Delete  
Name: RIMES, JEFFREY D  
Address: P.O. BOX 22  
City-St-Zip: WORTHINGTON SPRINGS, FL 32697

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN D RIMES, JR

PCM

03/23/2009

Electronic Signature of Signing Officer or Director

Date