

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90040 016 ***158.75

DOCUMENT # F97000005080

1. Entity Name
LESAINT LOGISTICS TRANSPORTATION, INC.



Principal Place of Business
**2702 DIRECTORS ROW
ORLANDO, FL 32809**

Mailing Address
**95 S ROUTE 83
GRAYSLAKE, IL 60030 US**

44006635



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
31-1013129

Applied For
Not Applicable

Zip Country

Zip Country

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

**GOODWIN, LENNIE
2702 DIRECTORS ROW
ORLANDO, FL 32809**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **ANGER, HANS A JR**
STREET ADDRESS **95 S ROUTE 83**
CITY-ST-ZIP **GRAYS LAKE, IL 60030**

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

TITLE **P** ☐ Delete
NAME **PENNINGTON, JEFF**
STREET ADDRESS **95 S ROUTE 83**
CITY-ST-ZIP **GRAYS LAKE, IL 60030**

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

TITLE **D** ☐ Delete
NAME **BOETSCH, CHARLES L**
STREET ADDRESS **95 S ROUTE 83**
CITY-ST-ZIP **GRAYS LAKE, IL 60030**

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

TITLE **ST** ☐ Delete
NAME **PURDY, LON J**
STREET ADDRESS **95 S ROUTE 83**
CITY-ST-ZIP **GRAYS LAKE, IL 60030**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP of Sales**
STREET ADDRESS **Wilson, Scott**
CITY-ST-ZIP **95 S. Route 83**
Grayslake, IL 60030

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP of Operations**
STREET ADDRESS **Mills, Robert**
CITY-ST-ZIP **4487 LeSaint Court**
Fairfield, OH 45014

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 27, 2004 **(847) 223-1003**