

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F99000003243

1. Entity Name  
LECLERE ASSOCIATES ARCHITECTS, P.C.



Principal Place of Business  
969 THIRD AVENUE  
4TH FLOOR  
NEW YORK, NY 10022-2517

Mailing Address  
969 THIRD AVENUE  
4TH FLOOR  
NEW YORK, NY 10022-2517

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number  
22-3358340

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**

GRUEBEL, RUTH  
29817 69TH WAY NORTH  
CLEARWATER, FL 33761

**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, 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000270851  
03/21/05-80019-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME LECLERE, MICHAEL  
STREET ADDRESS 161 WEST 61ST STREET, APT. 6E  
CITY-ST-ZIP NEW YORK, NY 10023

TITLE VP  
NAME LECLERE, JUDITH  
STREET ADDRESS 161 WEST 61ST STREET, APT. 6E  
CITY-ST-ZIP NEW YORK, NY 10023

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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)(f), 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: *X Judith A. Leclere*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X 3/1/05*  
Date Daytime Phone #