2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCU  1. Entity Nam  LENMON	ne	# G60817	7					Feb 16, 2004 08:00 AM Secretary of State
Principal Place of Business 264 TRICE LANE CRAWFORDVILLE FL 32327 US			- <u>2</u>	Mailing Address 264 TRICE LANE CRAWFORDVILLE FL 32327 US				T CONTRECT MANINA DILITE DEGINE I DINNE ITRALE ENERGY RENEWS RELIEF DINNE DINNE DINNE DINNE ITE ENERGY
2. Principal Place of Business				3. Mailing Address			-	
Suite, Apt. #, etc				Suite. Apt. #, etc.				MOORE CR2E034 (11/03)
City & State				City & State		4.	FEI Number 59-2334083 Applied For Not Applicable	
<b>Z</b> ip	p Country			Zip Cou		ntry	i	Certificate of Status Desired \$8.75 Additional Fee Required
Name and Address of Current F				stered Agent		Name	7.	Name and Address of New Registered Agent
HARVEY, SR., ALLEN H. 264 TRICE LANE						Street Address	s (P.O. E	Box Number is Not Acceptable)
CRAWFORDVILLE FL 32327			.327					
						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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State							· - • · · · · · · · · · · · · · · · · ·	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	DP	OFFICE	ERS AND DIREC		11.		AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN T1
NAME STREET ADDRESS CITY-ST-ZIP	HARVEY, A 264 TRICE	ALLEN H SR LANE DVILLE FL		☐ Delete				U00000052346 02/16/04-80088-006 150.00
title name street address city-st-zip	D HARVEY, I 264 TRICE CRAWFOR			☐ Delete	- 1		···	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	E ET ADDRESS -ST-ZIP	_	☐ Change ☐ Addilfon
12. I hereby certify that the information supplied with this filling 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 of 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 Dayline Phone #								

**FILED**