

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90057 021 ***150.00

DOCUMENT # H16009

1. Entity Name
LEADER TECH, INC.



Principal Place of Business
**14100 MCCORMICK DR.
TAMPA, FL 33626**

Mailing Address
**3000 TAFT ST.
HOLLYWOOD, FL 33021**

40000000



03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2667972	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MEDELSON, VICTOR H
3000 TAFT STREET
HOLLYWOOD, FL 33021**

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NEGRINI, DARIO
STREET ADDRESS	14100 MCCORMICK DRIVE
CITY - ST - ZIP	TAMPA, FL 33626

TITLE	TD
NAME	IRWIN, THOMAS S
STREET ADDRESS	3000 TAFT STREET
CITY - ST - ZIP	HOLLYWOOD, FL 33021

TITLE	S
NAME	VETTER, JUDITH W
STREET ADDRESS	3000 TAFT STREET
CITY - ST - ZIP	HOLLYWOOD, FL 33021

TITLE	AS
NAME	LETENDRE, ELIZABETH R
STREET ADDRESS	3000 TAFT ST.
CITY - ST - ZIP	HOLLYWOOD, FL 33021

TITLE	VC
NAME	MEDELSON, VICTOR H
STREET ADDRESS	3000 TAFT ST.
CITY - ST - ZIP	HOLLYWOOD, FL 33021

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)(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 #

Thomas S Irwin 3/30/05 9547447560