

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # H45202

1. Entity Name

LECON OF FLORIDA, INC.



**FILED
Apr 28, 2004 8:00 am
Secretary of State**

04-28-2004 90195 015 ***150.00

Principal Place of Business

9274 S.W. 5TH STREET
BOCA RATON FL 33428

Mailing Address

1997 SW HERONWOOD RD
PALM CITY FL 34990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2508886

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

PARRILLO, LEONARD V.
1997 SW HERONWOOD ROAD
PALM CITY FL 34990

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

Make Check Payable to Florida Department of State

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

Delete Change Addition

NAME

PARRILLO, LEONARD V.

1997 SW HERONWOOD ROAD

PALM CITY FL 34990

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Change Addition

NAME

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

4-25-04

Date

Daytime Phone #

Attachment

S404486
#H45202

ADDRESS
Chancery
3414 Community
Drive
Superior
33458