

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # H64405	
1. Entity Name LECESSE DEVELOPMENT CORPORATION	

Principal Place of Business 650 S. NORTHLAKE BLVD SUITE 450 ALTAMONTE SPRINGS, FL 32701 US	Mailing Address 650 S. NORTHLAKE BLVD SUITE 450 ALTAMONTE SPRINGS, FL 32701 US
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DO NOT WRITE IN THIS SPACE



01132006 No Chg-P CR2E034 (11/05)

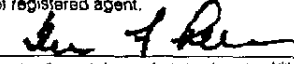
4. FEI Number 59-2569163	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LECCESE, SALVADOR F
650 S. NORTHLAKE BLVD
SUITE 450
ALTAMONTE SPRINGS, FL 32701**

**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  1-30-06
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

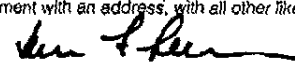
**000000420074
02/15/06-00034-003 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LECCESE, SALVADOR F 650 NORTHLAKE BLVD. ALTAMONTE SPRINGS, FL 32701
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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:  1-30-06 407-645-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #