


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # K39138 1. Entity Name PUMPKIN HOMES INC. |  |
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| Principal Place of Business 419 KEY EXECUTIVE BUILDING 104 CRANDON BLVD. KEY BISCAYNE, FL 33149 | Mailing Address 419 KEY EXECUTIVE BUILDING 104 CRANDON BLVD. KEY BISCAYNE, FL 33149 |
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0082951 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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| 6. Name and Address of Current Registered Agent SOTO, MYRNA 104 CRANDON BLVD #419 KEY BISCAYNE, FL 33149 | 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 NAME STREET ADDRESS CITY - ST - ZIP | PD SPENCER, S.A. 251 CRANDON BLVD #164 KEY BISCAYNE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VDAS SPENCER, MARY M. 251 CRANDON BLVD., #164 KEY BISCAYNE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S LEISCHNER, STEVEN 1979 DOGWOOD DR. SCOTCH PLAINS, NJ 07076 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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02/21/05-80008-014 150.00

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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: Steven Leischner Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-05 (305) 361-8864
Date Daytime Phone #

Steven Leischner