

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90036 020 \*\*\*150.00

**DOCUMENT # L27641**

1. Entity Name

LEBRETON COMMUNICATIONS, INC.



Principal Place of Business

25330 BERNWOOD DR. #3  
BONITA SPRINGS FL 34135

Mailing Address

25330 BERNWOOD DR. #3  
BONITA SPRINGS FL 34135  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. #3

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0161432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEBRETON, ROBERT  
24670 PARADISE RD.  
BONITA SPRINGS FL 34135

Name

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

*Laura M. LeBreton*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/04

**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

TITLE	D <input type="checkbox"/> Delete
NAME	LEBRETON, ROBERT
STREET ADDRESS	24670 PARADISE RD. <i>moved to:</i>
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	D <input type="checkbox"/> Delete
NAME	LEBRETON, LAURA MARIE
STREET ADDRESS	24670 PARADISE RD. <i>moved to:</i>
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	25330 Bernwood Dr #3
CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	25330 Bernwood Dr. #3
CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**

*Laura M. LeBreton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/04 239-948-1734