


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90010 007 ***150.00

DOCUMENT # M25155
 1. Entity Name
LEDLOW AND COLE, INC.



Principal Place of Business Mailing Address
15600 SW 288 ST. SUITE 401 HOMESTEAD, FL 33033 US
PO BOX 90-0010 HOMESTEAD, FL 33090-0010 US

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

01072004 Chg-P CR2E034 (10/03)
 4. FEI Number **59-2612384** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LEDLOW, LOUIS A
~~705 OKECHEE AVENUE~~ *1850 Old Dixie Hwy.*
~~HOMESTEAD, FL 33030~~ *Suite B*
HOMESTEAD, FL
33033

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEDLOW, LOUIS A 15600 SW 288 ST., SUITE 401 HOMESTEAD, FL 33033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1850 Old Dixie Hwy Suite B</i> <i>HOMESTEAD, FL 33033</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, HENRY 1560 SW 200 ST., SUITE 401 HOMESTEAD, FL 33033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1850 Old Dixie Hwy Suite B</i> <i>HOMESTEAD, FL 33033</i>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Louis A. Ledlow* **Louis A. Ledlow** *1/27/04* *305-245-6101*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #