2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# M36049

Entity Name: LE MASTER, INCORPORATED

Current Principal Place of Business:

181 WHITMORE DR
PT ST. LUCIE, FL 34983 US

New Principal Place of Business:

181 S.W. WHITMORE DRIVE
PORT SAINT LUCIE, FL 34984 US

Current Mailing Address:

181 WHITMORE DR
PT. ST LUCIE, FL 34983 US

New Mailing Address:

181 S.W. WHITMORE DRIVE
PORT SAINT LUCIE, FL 34984 US

FEI Number: 59-2700739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PELLICANE, PHILIP J.
181 WHITMORE DR
PT. ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

PELLICANE, PHILIP J PRES
681 N.E. HELICON LANE
PORT SAINT LUCE, FL 34983 US

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.

SIGNATURE: PHILIP J. PELLICANE 04/29/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: LE MASTER, CHERYL D.,
Address: 681 NE HELICON LN
City-St-Zip: PORT ST. LUCIE, FL

Title: T ( ) Delete
Name: LEMASTER, DONALD B.,
Address: 181 WHITMORE DR
City-St-Zip: PT. ST. LUCIE, FL

Title: P ( ) Delete
Name: PELLICANE, PHILIP J.,
Address: 681 NE HELICON LANE
City-St-Zip: PORT ST. LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: PELLICANE, CHERYL D S
Address: 681 NE HELICON LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: T (X) Change ( ) Addition
Name: LEMASTER, DONALD B T
Address: 181 S.W. WHITMORE DRIVE
City-St-Zip: PORT SAINT LUCE, FL 34984

Title: P (X) Change ( ) Addition
Name: PELLICANE, PHILIP J P
Address: 681 NE HELICON LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP J. PELLICANE PRES 04/29/2004
Electronic Signature of Signing Officer or Director Date