

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90084 046 ***158.75

DOCUMENT # M70656 1. Entity Name LECESSE WESTLAKE CORP.		 <i>\$158.75 Westlake</i>																									
Principal Place of Business 2221 LEE ROAD SUITE #28 WINTER PARK, FL 32789 US		Mailing Address 2221 LEE ROAD SUITE #28 WINTER PARK, FL 32789 US																									
2. Principal Place of Business 650 S. Northlake Blvd Suite, Apt. #, etc. Suite 450 Altamonte Springs, FL Zip 32701 Country USA		3. Mailing Address 650 S. Northlake Blvd Suite, Apt. #, etc. Suite 450 Altamonte Springs, FL Zip 32701 Country USA																									
4. FEI Number 06-1230494		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03312005 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent LECESSE, SALVADOR F 2221 LEE ROAD SUITE 28 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 650 S. Northlake Blvd, Suite 450 Altamonte Springs FL Zip Code 32701																									
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">P</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LECESSE, SALVADOR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2221 LEE ROAD SUITE #28</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER PARK, FL 32789</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	LECESSE, SALVADOR		STREET ADDRESS	2221 LEE ROAD SUITE #28		CITY-ST-ZIP	WINTER PARK, FL 32789		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>650 S. Northlake Blvd, Suite 450</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Altamonte Springs, FL 32701</td> </tr> </table>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS	650 S. Northlake Blvd, Suite 450	CITY-ST-ZIP	Altamonte Springs, FL 32701				
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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)(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: <i>Salvador F. Lecesse</i>		4-6-05 407-645-5575																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																									