

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000489

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: LE'AZON TECHNOLOGY INSTITUTE, INCORPORATED

**Current Principal Place of Business:**

110 E GRAPEFRUIT CIRCLE  
CLEARWATER, FL 33759

**New Principal Place of Business:**

**Current Mailing Address:**

110 E GRAPEFRUIT CIRCLE  
CLEARWATER, FL 33759

**New Mailing Address:**

FEI Number: 59-3620207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARBER, LARON  
110 E GRAPEFRUIT CIRCLE  
CLEARWATER, FL 33759 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCED ( ) Delete  
Name: BARBER, LARON  
Address: 110 E. GRAPEFRUIT CIRCLE  
City-St-Zip: CLEARWATER, FL 33759

Title: CD ( ) Delete  
Name: JOHNSON, PERRY  
Address: 7006 SUMMERBRIDGE DRIVE  
City-St-Zip: TAMPA, FL 33634

Title: SDT ( ) Delete  
Name: RYANS, PAT  
Address: 1407 GULF STREAM CIR. #204  
City-St-Zip: BRANDON, FL 33511

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PCED (X) Change ( ) Addition  
Name: BARBER, LARON  
Address: 3606 FORAY LN  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SDT (X) Change ( ) Addition  
Name: ZORIDA, FLORES  
Address: 110 EAST GRAPEFRUIT CIRCLE  
City-St-Zip: CLEARWATER, FL 33759

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARON BARBER

PCED

04/27/2005

Electronic Signature of Signing Officer or Director

Date