2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004
Secretary of State

DOCUMENT# N02000005199

Entity Name: LE PONT, INC.

Current Principal Place of Business:

11990 BEACH BLVD
258
JACKSONVILLE, FL 32246

New Principal Place of Business:

6711 RYANCE RD
JACKSONVILLE, FL 32211

Current Mailing Address:

11990 BEACH BLVD
258
JACKSONVILLE, FL 32246

New Mailing Address:

6711 RYANCE RD
JACKSONVILLE, FL 32211

FEI Number: 82-0568158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NGNITEDEM, ARIEL
11990 BEACH BLVD
258
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

NGNITEDEM, ARIEL
6711 RYANCE RD
JACKSONVILLE, FL 32211 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: _____ 05/17/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: PORTER, ELIZABETH J
Address: 290 PINE ST.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: SG ( ) Delete
Name: KHAN, MARTY Z
Address: 2776 WOODY PLACE
City-St-Zip: JACKSONVILLE, FL 32216

Title: P ( ) Delete
Name: NGNITEDEM, M. ARIEL
Address: 11990 BEACH BLVD APT 258
City-St-Zip: JACKSONVILLE, FL 32246

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: PORTER, ELIZABETH J
Address: 290 PINE ST.
City-St-Zip: ATLANTIC BEACH, FL 32233

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

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

Title: TR ( ) Change (X) Addition
Name: DAVISON, CHRISTOPHER J
Address: 4090 HODGES BLVD APT. # 1209
City-St-Zip: JACKSONVILLE, FL 32224

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: NGNITEDEM M ARIEL P 05/17/2004
Electronic Signature of Signing Officer or Director — Date