

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006261

FILED  
Aug 21, 2008  
Secretary of State

Entity Name: LESPWA WORLDWIDE, INC.

## Current Principal Place of Business:

1616 MERROWAY LANE  
PONTE VEDRA, FL 32081

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 3336  
PONTE VEDRA, FL 32004

## New Mailing Address:

FEI Number: 20-5019981      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

PATTERSON, CHRIS A  
2 SOUTH ROSCOE BLVD  
PONTE VEDRA BEACH, FL 32082      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: CHERRY, JAY  
Address: 1441 PENMAN CENTER  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D      ( ) Delete  
Name: BERQUIST, ARIC  
Address: 288 W. SILVERTHORN  
City-St-Zip: PONTE VEDRA, FL 32081

Title: D      ( ) Delete  
Name: KIMBALL, JACOB  
Address: 1616 MERROWAY LANE  
City-St-Zip: PONTE VEDRA, FL 32081

Title: D      ( ) Delete  
Name: KIMBALL, HOWARD M III  
Address: 467 UPPER 8TH AVE. SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JACOB KIMBALL

D

08/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date