

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006261

FILED
May 01, 2009
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

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

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:

Title: D () Change (X) Addition
Name: OMLI, STEVE
Address: 10404 NW 13TH LANE
City-St-Zip: GAINESVILLE, FL 32606 US

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 C. KIMBALL

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date