

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000001279

1. Entity Name
LAST ONE'S LEFT, INC.



Principal Place of Business
1896 WATER RIDGE DRIVE
WESTON, FL 33326

Mailing Address
PO BOX 268352
WESTON, FL 33326

FILED
04 JAN -5 PM 6:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3426601

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LADEN, JAMAL C
1896 WATER RIDGE DRIVE
WESTON, FL 33326

**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | PD |
| NAME | LADEN, JAMAL C |
| STREET ADDRESS | 2074 MIDYETTE ROAD, #317 |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 |
| TITLE | VPD |
| NAME | HAUGHTON, TERRI M |
| STREET ADDRESS | 2074 MIDYETTE ROAD, #317 |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 |
| TITLE | D |
| NAME | REAVES, VIRGINIA |
| STREET ADDRESS | 4333 ALTER ROAD |
| CITY-ST-ZIP | DETROIT, MI 48215 |
| TITLE | D |
| NAME | PORTER, ANTWAN |
| STREET ADDRESS | 18912 HAMBURG STREET |
| CITY-ST-ZIP | DETROIT, MI 48205 |
| TITLE | D |
| NAME | BESTWICK, MICHAEL |
| STREET ADDRESS | 11911 NW 29TH STREET |
| CITY-ST-ZIP | SUNRISE, FL 33323 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

500028057655
02/02/04--01092--014 **61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: Jamal Laden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2004 (954)
336.9999
Date Daytime Phone #