

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000000478	
1. Entity Name LEN VENTURES, INC.	

Principal Place of Business
**9719 SAN JOSE BLVD.
JACKSONVILLE, FL 32257**

Mailing Address
**9719 SAN JOSE BLVD.
JACKSONVILLE, FL 32257**

DO NOT WRITE IN THIS SPACE



03242005 No Chg-P CR2EQ34 (10/03)

4. FEI Number 59-3519788	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FERNANDEZ, EVELIO JR.
9719 SAN JOSE BLVD.
#3
JACKSONVILLE, FL 32257**

**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

Evelio Fernandez

3/29/05

Signature, typed or printed name of registered agent and title if applicable

Printed Name of Agent (signature required when submitting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FERNANDEZ, EVELIO
STREET ADDRESS	9719 SAN JOSE BLVD., STE. 3
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	ST
NAME	FERNANDEZ, LYNN
STREET ADDRESS	9719 SAN JOSE BLVD., #3
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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)(B), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without the name.

SIGNATURE:

Evelio Fernandez President

3/29/05 904 2629360

SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNATED OFFICER OR DIRECTOR

Date

Daytime Phone #