


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000048604 1. Entity Name LES COLLINS ENTERPRISES, INC.	
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Principal Place of Business 1259 E LAS OLAS BLVD FT LAUDERDALE, FL 33301	Mailing Address 3170 N FEDERAL HWY #103-C LIGHTHOUSE PT, FL 33064
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04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1007907	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DICRESCENZO, ANGELA 3170 N FEDERAL HWY #103C LIGHTHOUSE PT, FL 33064
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY - ST - ZIP	PVST COLLINS, RICHARD L P.O. BOX 2115 FORT LAUDERDALE, FL 33303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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100000358353
05/04/05-80054-023 150.00

**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 607, 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____