2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P00000064414 1. Entity Name 03-25-2005 90031 038 ***150.00 LEHÚA, INC. Principal Place of Business Mailing Address 9204 HIDDEN WATER CIR 9204 HIDDEN WATER CIR RIVERVIEW_FL_33569 RIVERVIEW, FL 33569 Principal Place of Business ARECR 3. Mailing Address 33 Harbar Suite, Apt. #, etc Suite, Apt. #, etc. 03232005 Cho-P CR2E034 (10/03) City & State 4. FEI Number Applied For 59-3655044 ERNANNINA Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registers Name marmann KLINGEMANN, CHARLES Street Address (P.O. Box Number is Not Acceptable) 7261-ARCOLA STREET NAVARRE, FL 32566 32034 BEACH 8. The above named entity submits this statement for the purpose of changing its regis the obligations of registered agent. CHARLES KLINGEMANA 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change ☐ Addition Tinaklingenein 33 Harbor Court KLINGEMANN, TINA G NAME NAME STREET ADDRESS 9204 HIDDEN WATER CIR STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP PERNANDINA BEACH, FL 3,2034 Change TITLE Delete TITLE ☐ Addition KLingenann, Charles KLINGEMANN, CHARLES NAME NAME 33 Harbor Court STREET ADDRESS 9204 HIDDEN WATER CIR STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL-33569 CITY-ST-ZIP FERNANDINA REACH, FL 32034 TITLE ☐ Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZP CITY-ST-7P ☐ Delete ΠΠF ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZE CTY-ST-7/2 TITLE Delete TITLE Change 1 ☐ Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

FILED

Mar 25, 2005 8:00 am