

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2004 08:00 AM  
Secretary of State

DOCUMENT # P00000079118

1. Entity Name  
LEL CORPORATION



Principal Place of Business  
4494 SOUTHSIDE BLVD STE 202  
JACKSONVILLE, FL 32216

Mailing Address  
4494 SOUTHSIDE BLVD STE 202  
JACKSONVILLE, FL 32216



**DO NOT WRITE IN THIS SPACE**

02192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3667092

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SHUMER, FRANK D  
4494 SOUTHSIDE BLVD STE 202  
JACKSONVILLE, FL 32216

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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  
D  
SHUMER, FRANK D  
STREET ADDRESS  
4494 SOUTHSIDE BLVD STE 202  
CITY - ST - ZIP  
JACKSONVILLE, FL 32216

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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U00000070265  
03/01/04-80037-021 150.00

**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 information empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04

Date

904-641-0366

Daytime Phone #