

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000091269

1. Entity Name  
LECT, INCORPORATED



Principal Place of Business  
2812 RABITT HILL ROAD  
TALLAHASSEE, FL 32305 US

Mailing Address  
P.O. BOX 3257  
TALLAHASSEE, FL 32308 US

FILED

04 MAR 15 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3672648

Applied For  
Not Applicable

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

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

THOMPSON, E.C.  
2812 RABITT HILL ROAD  
TALLAHASSEE, FL 32305

**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

*E.C. Thompson* PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

3/15/04  
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

4100030932224

03/23/04--01070--008 \*\*150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	THOMPSON, E.C.
STREET ADDRESS	2812 RABITT HILL ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	S
NAME	VOTH, ISAN
STREET ADDRESS	1313 SHARON RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	<del>T</del> Delete
NAME	<del>VOTH, ANTHONY</del>
STREET ADDRESS	<del>223 WEST RIDGE DRIVE</del>
CITY-ST-ZIP	<del>TALLAHASSEE, FL 32316</del>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

*E.C. Thompson* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04

Date

850-575-2859

Daytime Phone #