## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 02, 2005 08:00 AM DOCUMENT # P00000102273 **Secretary of State** 1. Entity Name LEAD TELL CO., INC. Mailing Address Principal Place of Business P.O.BOX 783035 P.O.BOX 783035 WINTER GARDEN, FL 34778-3035 WINTER GARDEN, FL 34778-3035 01192005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEL Number 59-1270208 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE JENNINGS, THOMAS M 801 TILDENVILLE SCHOOL RD WINTER GARDEN, FL 34787 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. 1 am familiar with, and accept the obligations of registered agent. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title II applicable. 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE 100000210**2**18 02/02/05-80072-006 150.00 JENNINGS, THOMAS M NAME P.O.BOX 783035 STREET ADDRESS WINTER GARDEN, FL 347783035 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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)(f). 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.

INTER NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**