


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

04-24-2007 90017 020 ***158.75

DOCUMENT # P0000102273

1. Entity Name
LEAD TELL CO., INC.



Principal Place of Business
**P.O. BOX 783035
 WINTER GARDEN, FL 34778-3035**

Mailing Address
**P.O. BOX 783035
 WINTER GARDEN, FL 34778-3035**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 783035

Suite, Apt. #, etc.

City & State
WINTER GARDEN FL.

City & State
WINTER GARDEN FL.

Zip
34778

Country
USA

Zip
34778

Country
USA



05092007 Chg-P CR2E034 (12/06)

4. FEI Number
59-1270208

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JENNINGS, THOMAS M
 801 TILDENVILLE SCHOOL RD
 WINTER GARDEN, FL 34787**

7. Name and Address of New Registered Agent

Name
DANIEL R JENNINGS

Street Address (P.O. Box Number is Not Acceptable)
801 TILDENVILLE SCH RD.

City
WINTER GARDEN FL 34787

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 *Daniel Jennings* **5/9/07**

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

**FILE NOW!!! FEE IS \$550.00
 Due by September 14, 2007**

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	CEO JENNINGS, THOMAS M 801 TILDENVILLE SCHOOL RD WINTER GARDEN, FL 34778	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DANIEL R JENNINGS 801 TILDENVILLE SCH. RD. WINTER GARDEN FLA, 34787	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Daniel Jennings* **5/9/07** **407-686-3717**

Signature and typed or printed name of signing officer or director. Date Daytime Phone #