

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014468

FILED
Mar 10, 2004
Secretary of State

Entity Name: LEA, P.A.

Current Principal Place of Business:

120 S OLIVE AVE
STE208
W PALM BCH, FL 33401

New Principal Place of Business:

330 CLEMATIS STREET
STE217
W PALM BCH, FL 33401

Current Mailing Address:

120 S OLIVE AVE
STE208
W PALM BCH, FL 33401

New Mailing Address:

330 CLEMATIS STREET
STE217
W PALM BCH, FL 33401

FEI Number: 65-1075614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTHONY, LAURA
120 S. OLIVE AVE #208
WEST PALM BEACH, FL 33410

Name and Address of New Registered Agent:

ANTHONY, LAURA
330 CLEMATIS STREET
#217
WEST PALM BEACH, FL 33410

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.

SIGNATURE: LAURA ANTHONY

03/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANTHONY, LAURA E
Address: 120 S OLIVE AVE, STE 208
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ANTHONY, LAURA E
Address: 330 CLEMATIS STREET #217
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA ANTHONY

D

03/10/2004

Electronic Signature of Signing Officer or Director

Date