


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90191 018 \*\*\*150.00

<b>DOCUMENT # P01000044080</b> 1. Entity Name <b>LEANTE FLORIDA INVESTMENTS, INC.</b>					
Principal Place of Business <b>800 N. JOHN YOUNG PKWY. SUITE 830 KISSIMMEE, FL 34741 US</b>			Mailing Address <b>800 N. JOHN YOUNG PKWY. SUITE 830 KISSIMMEE, FL 34741 US</b>		
2. Principal Place of Business <b>830 N. John Young Parkway</b>			3. Mailing Address <b>830 N. John Young Parkway</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		4. FEI Number <b>59-3744169</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>VAN KONINGSBRUGGEN, PETRUS F 800 N. JOHN YOUNG PKWY., STE 834 KISSIMMEE, FL 34741</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>830 N. John Young Parkway</b> City <b>FL</b> Zip Code					
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: <u><i>Petrus Van Koningsbruggen, President</i></u> DATE: <u>4/29/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	Delete	TITLE	NAME	Change Addition
STREET ADDRESS	VON KONINGS GRUGGER, PETRUS F		STREET ADDRESS		
CITY-ST-ZIP	1950 WILLOW WOOD DRIVE KISSIMMEE, FL 34746		CITY-ST-ZIP		
TITLE	VP		TITLE		
NAME	ROBERTSON, WILLEM		NAME		
STREET ADDRESS	800 N. JOHN YOUNG PKWY, SUITE 830		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP		
TITLE	ST		TITLE		
NAME	HAARMSMA, DORA		NAME		
STREET ADDRESS	1950 WILLOW WOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34746		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <u><i>Petrus Van Koningsbruggen</i></u> Date: _____ Daytime Phone #: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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