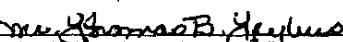
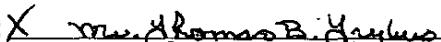


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 26, 2004 8:00 am
Secretary of State**

04-26-2004 90486 038 ***150.00

94064313

DOCUMENT # P01000062598					
1. Entity Name LETO CUSTOM ENTERPRISES, INC.					
Principal Place of Business 17749 COUNTY ROAD 448 MOUNT DORA, FL 32757 US		Mailing Address 17749 COUNTY ROAD 448 MOUNT DORA, FL 32757 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip			
5. Name and Address of Current Registered Agent TRYBUS, THOMAS B 17749 COUNTY ROAD 448 MOUNT DORA, FL 32757		6. Name and Address of New Registered Agent Name Street Address (P. O. Box Number is Not Acceptable) City			
7. Certificate of Status Desired		\$8.75 Additional Fee Required			
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.		DATE			
SIGNATURE: 		Signature, typed or printed name of registered agent and date if applicable.			
(NOTE: Registered Agent signature required when reinstating)		22 APR. 04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
THOMAS, TRYBUS B 17749 COUNTY RD 448 MOUNT DORA, FL 32757			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			22 APR. 04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		