# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2004**
**Secretary of State**

DOCUMENT# P01000064351

**Entity Name:** LENEAVE CONSTRUCTION GROUP, INC.

**Current Principal Place of Business:**

1960 MORNINGSIDE ST
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

2798 ST JOHNS AVE
APT# 3
JACKSONVILLE, FL 32205

**Current Mailing Address:**

1960 MORNINGSIDE ST
JACKSONVILLE, FL 32205

**New Mailing Address:**

2798 ST JOHNS AVE
APT # #
JACKSONVILLE, FL 32205

**FEI Number: 59-3729112** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LENEAVE, BRIAN
1960 MORNINGSIDE ST
JACKSONVILLE, FL 32205

**Name and Address of New Registered Agent:**

LENEAVE, BRIAN
2798 ST JOHNS AVE
APT # #
JACKSONVILLE, FL 32205

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: _____ 04/30/2004
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: LEANEAVE, BRIAN
Address: 1960 MORNINGSIDE ST
City-St-Zip: JACKSONVILLE, FL 32205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: LEANEAVE, BRIAN
Address: 2798 ST JOHNS AVE APT # 3
City-St-Zip: JACKSONVILLE, FL 32205

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: BRIAN LENEAVE PD 04/30/2004
Electronic Signature of Signing Officer or Director — Date