


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000078080</b> 1. Entity Name LED FORD INDUSTRIES, INC.	
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Principal Place of Business 9910 59TH AVE. NORTH SAINT PETERSBURG, FL 33708	Mailing Address 9910 59TH AVE. NORTH SAINT PETERSBURG, FL 33708
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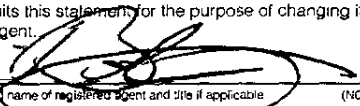
**DO NOT WRITE IN THIS SPACE**



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3734413	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  LED FORD, WILBURN H 9910 59TH AVE. NORTH ST. PETER SBURG, FL 33708	<b>DO NOT WRITE IN THIS SPACE</b>
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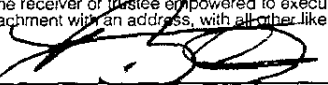
8. The above named obligator submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of agent.	 2-12-04
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FE2 IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD LED FORD, WILBURN H 9910 59TH AVE. NORTH ST. PETERSBURG, FL 33708
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<del>60-</del> GONZALEZ, CARLOS 15035 GEORGE BLVD. CLEARWATER, FL 33760 ← Remove
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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03/02/04-80057-006 150.00

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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:  2-14-04 727 804 7665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #