

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90001 035 ***150.00

DOCUMENT # P02000100517

1. Entity Name
LEAMAN'S PR INTING, INC.



Principal Place of Business
**4427 S.E. 16TH PLACE, #2
CAPE CORAL, FL 33904**

Mailing Address
**4427 S.E. 16TH PLACE, #2
CAPE CORAL, FL 33904**

54011765



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#6

Suite, Apt. #, etc.

01212004

Chg-P

CR2E034(10/03)

City & State

CAPE CORAL, Florida

City & State

4. FEI Number

06-1650175

Applied For

Not Applicable

Zip

33909

Country

LEE

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WRIGHT, CHRISTINEF ESQ.
4427S. E. 16TH PLACE, #2
CAPE CORAL, FL 33904**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

NOTE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D GROEPL, C HRISTIAN
WAIDWEG 24,63500SELIN GENSTADT
GERMANY,**

☐ Delete

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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:

Nellie M Leaman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04
Date

239-573-0900
Daytime Phone #