

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90140 047 ***150.00

DOCUMENT # P02000100517 1. Entity Name LEAMAN'S PRINTING, INC.			
Principal Place of Business 4427 S.E. 16TH PLACE, #2 #6 CAPE CORAL, FL 33904		Mailing Address 4427 S.E. 16TH PLACE, #2 -- CAPE CORAL, FL 33904--	
2. Principal Place of Business 1059 NE PINE ISLAND RD Suite, Apt. #, etc. #6 City & State CAPE CORAL FL Zip 33909 Country USA		3. Mailing Address 1059 NE Pine Island Rd Suite, Apt. #, etc. #6 City & State Cape Coral, FL 33909 Zip 33909 Country USA	
4. FEI Number 06-1650175		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, CHRISTINE F ESQ. 4427 S.E. 16TH PLACE, #2 CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name JWJ Associates LLC (BARRY WOODROW) Street Address (P.O. Box Number is Not Acceptable) 1059 NE Pine Island Rd City Cape Coral FL Zip Code 33909	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROEPL, CHRISTIAN WAIDWEG 24, 63500 SELINGENSTADT GERMANY,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: NEILIE M LEAMAN 4-7-05 239-573-0900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			