


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90032 044 ***158.75

DOCUMENT # P03000003000 1. Entity Name LESTYN INC.					
Principal Place of Business 5651 CYPRESS GARDENS ROAD WINTER HAVEN, FL 33884 US			Mailing Address 5651 CYPRESS GARDENS ROAD WINTER HAVEN, FL 33884 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 45-0495896		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAO, ESTHER 5651 CYPRESS GARDENS ROAD WINTER HAVEN, FL 33884			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
I, 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 <u><i>Esther Lao</i></u>		DATE <u>3/21/2004</u>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	Delete <input type="checkbox"/>		CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY-ST-ZIP	Delete <input type="checkbox"/>		CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY-ST-ZIP	Delete <input type="checkbox"/>		CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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CITY-ST-ZIP	Delete <input type="checkbox"/>		CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <u><i>Esther Lao</i></u>		DATE: <u>3/21/2004</u>		Daytime Phone #: <u>863-318-1046</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	