## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000043324

Entity Name: LEROKH, INCORPORATED

FILED Jan 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

188 TOWN CENTER CIRCLE SANFORD, FL 32771

Current Mailing Address: New Mailing Address:

188 TOWN CENTER CIRCLE SANFORD, FL 32771

FEI Number: 56-2349143 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

OZEN, LEVENT I

2227 CARDINAL COVE CIRCLE

519 N SUNDANCE DRIVE

SANEORD EL 32771 LIS

LAKE MARY EL 32746 L

SANFORD, FL 32771 US LAKE MARY, FL 32746 US

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: LEVENT OZEN 01/14/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 OZEN, LEVENT I
 Name:
 OZEN, LEVENT I

 Address:
 5880 SUNDOWN CIRCLE APT 1328
 Address:
 519 N SUNDANCE DRIVE

City-St-Zip: ORLANDO, FL 32822 City-St-Zip: LAKE MARY, FL 32746

Title: PD ( ) Delete Title: ST (X) Change ( ) Addition

Name: OZEN, LEVENT Name: OZEN, ROSENI

 Address:
 2227 CARDINAL COVE CIRCLE
 Address:
 519 N SUNDANCE DRIVE

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:
 LAKE MARY, FL 32746

Title: ST (X) Delete Title: ( ) Change ( ) Addition

 Name:
 OZEN, ROSENI
 Name:

 Address:
 2227 CARDINAL COVE CIRCLE
 Address:

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 OZEN, LEVENT KHAN
 Name:

 Address:
 2227 CARDINAL COVE CIRCLE
 Address:

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:

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: LEVENT OZEN P 01/14/2005