


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90389 014 ***150.00

DOCUMENT # P03000058138	
1. Entity Name LEFFLER PROPERTIES, INC.	

Principal Place of Business 1708 UNIVERSITY LANE APT #503 COCOA FL 32922	Mailing Address 1708 UNIVERSITY LANE APT #503 COCOA FL 32922
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2. Principal Place of Business 4000 OCALA ST Suite, Apt. #, etc.	3. Mailing Address PO Box 236 005 Suite, Apt. #, etc.
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City & State COCOA FL	City & State COCOA FL
Zip 32926	Country BREVARD
Zip 32923	Country BREVARD

4. FEI Number 11 369 0631	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 LEFFLER, JOHN H 1708 UNIVERSITY LANE APT #503 COCOA FL 32922
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7. Name and Address of New Registered Agent Name: LEFFLER JOHN H Street Address (P.O. Box Number is Not Acceptable) 4000 OCALA ST City: COCOA FL Zip Code: 32926

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.	DATE (NOTE: Registered Agent signature required when reinstating)
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FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME LEFFLER, JOHN H	
STREET ADDRESS 1708 UNIVERSITY LANE APT #503	
CITY-ST-ZIP COCOA FL 32922	
TITLE D	<input type="checkbox"/> Delete
NAME LEFFLER, GLYNN A	
STREET ADDRESS 4000 OCALA ST	
CITY-ST-ZIP COCOA FL 32926	
TITLE D	<input type="checkbox"/> Delete
NAME LEFFLER, JOHN H	
STREET ADDRESS 1708 UNIVERSITY LANE APT #503	
CITY-ST-ZIP COCOA FL 32922	
TITLE D	<input type="checkbox"/> Delete
NAME LEFFLER, GLYNN A	
STREET ADDRESS 4000 OCALA ST	
CITY-ST-ZIP COCOA FL 32926	
TITLE D	<input type="checkbox"/> Delete
NAME LEFFLER, JOHN H	
STREET ADDRESS 1708 UNIVERSITY LANE APT #503	
CITY-ST-ZIP COCOA FL 32922	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEFFLER JOHN H	
STREET ADDRESS PO Box 236 005 / 4000 OCALA ST	
CITY-ST-ZIP COCOA, FL 32926	
TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEFFLER, GLYNN A	
STREET ADDRESS 4000 OCALA ST	
CITY-ST-ZIP COCOA FL 32926	
TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEFFLER, JOHN H	
STREET ADDRESS 1708 UNIVERSITY LANE APT #503	
CITY-ST-ZIP COCOA FL 32922	
TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEFFLER, GLYNN A	
STREET ADDRESS 4000 OCALA ST	
CITY-ST-ZIP COCOA FL 32926	
TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEFFLER, JOHN H	
STREET ADDRESS 1708 UNIVERSITY LANE APT #503	
CITY-ST-ZIP COCOA FL 32922	

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: LEFFLER, John H	DATE: 4/14/04	DAYTIME PHONE #: 321 638 2443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		