

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90045 021 ***150.00

0000000000 P03000065224

1. Entity Name
LEAD GENESIS GROUP INC



Principal Place of Business
**14828 ENCLAVE LAKES DRIVE
T-6
DELRAY BEACH, FL 33484**

Mailing Address
**14828 ENCLAVE LAKES DRIVE
T-6
DELRAY BEACH, FL 33484**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032005

00000

00000000000000

City & State

City & State

4. FEI Number

APPLIED FOR **0383705983**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 0000000000

0000000000

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FIRESTONE, MAXINE
14828 ENCLAVE LAKES DR.
T-6
DELRAY BEACH, FL 33484**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 0000000000

0000000000

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME **P**
NAME **HOWARD, RONALD**
STREET ADDRESS **14828 ENCLAVE LAKES DR T-6**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ronald Howard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05

Date

Daytime Phone #