2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2005 08:00 AM Secretary of State

DOCUMENT # P03000089279 1. Entity Name LEN WEN, INC.				Secretary or State
1911 THES	ce of Business Y DRIVE E, FL 32941	Mailing Address 1911 THESY DRIVE MELBOURNE, FL 32941		
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01182005 No Chg-P CR2E034 (10/03) 4. FE! Number A3-2027956 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
WILLIAMS, LENNIE R 1911 THESY DRIVE MELBOURNE, FL 32941				DO NOT WRITE IN THIS SPACE
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 II applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be				
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				
10. FITLE NAME STREET ADDRESS CITY-ST-ZIP	D OFFICERS AND I WILLIAMS, LENNIE R 1911 THESY DRIVE MELBOURNE, FL 32941	DIRECTORS		000000254319 03/07/05-8007 0-008 150.00
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		:		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	
12. I hereby certify that the information supplied with this filling 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: **Quality** Signature** **Qual				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date				