


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90019 042 \*\*\*158.75

<b>DOCUMENT # P03000092229</b>	
<b>1. Entity Name</b> GREG LEBLANC BUILDERS, INC.	

<b>Principal Place of Business</b> 2845 WEST KING STREET 203 COCOA, ST 32926 US	<b>Mailing Address</b> 2845 WEST KING STREET 203 COCOA, ST 32926 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



01252004 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 02-0703249	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>	
MULLER, DICK S 1127 S.PATRICK DRIVE 3 SATELLITE BEACH, FL 32937	
<b>7. Name and Address of New Registered Agent</b>	
Name <u>GREG LEBLANC</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1434 PARADISE LN</u>	
City <u>COCOA</u>	FL Zip Code <u>32926</u>

**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 *Greg LeBlanc* GREG LEBLANC (PRESIDENT) 1/30/04  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBLANC, GREG	NAME	
STREET ADDRESS	1434 PARADISE LANE	STREET ADDRESS	
CITY-ST-ZIP	COCOA, FL 32922	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, RICKY	NAME	
STREET ADDRESS	133 ATKINSON ST.	STREET ADDRESS	
CITY-ST-ZIP	COCOA, FL 32922	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBLANC, SHAWN	NAME	
STREET ADDRESS	1133 ARON STREET	STREET ADDRESS	
CITY-ST-ZIP	COCOA, FL, 32927	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Greg LeBlanc* GREG LEBLANC 1/30/04 321-288-0076  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #