## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P03000096669** LEONHARD LANG USA, INC. Principal Place of Business Maiting Address 5605 EAGLEGLEN PL. 5605 EAGLEGLEN PL LITHIA, FL 33547



**FILED** Jan 14, 2008 08:00 AM Secretary of State

LITHIA, FL 33547	

DO	<b>NOT</b>	<b>WRITE</b>	IN	<b>THIS</b>	<b>SPACE</b>
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1102008	No Chg-P	CR2E034 (11/05)	

5.	Certificate of Status Desired	X		5 Additional Required
	90-0108467			Not Applica
4.	FEI Number			Applied For

6. Name and Address of Current Registered Agent

COOPER, DALE J 5605 EAGLEGLEN PL. LITHIA, FL 33547

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent.						
SIGNATURE.	- · · · · · · · · · · · · · · · · · · ·				,	
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered /	Agent signature re	quired when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ     Trust Fund Contribution.		\$5.00 May Be Added to Fees	0000000783815 01/16/08-80029-023 158.ኧ	
10.	OFFICERS AND DIREC	TORS			•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP COOPER, DALE J 5605 EAGLEGLEN PL. LITHIA, FL 33547					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOPER, DALE J 5605 EAGLEGLEN PL. LITHIA, FL 33547			•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			i :	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				.:		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.						

8. The above pamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept