

Jan 08 07 01:23p

Hill & Co CPA

(239) 549-5623

FILED³Jan 22, 2007 08:00 AM
Secretary of State**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000154776 1. Entity Name LE PEGASUS, INC.						
Principal Place of Business 12500 WORLD PLAZA LANE FORT MYERS, FL 33907	Mailing Address 1318 LAFAYETTE ST CAPE CORAL, FL 33904					
DO NOT WRITE IN THIS SPACE						
0 082007 No Chg-P CR2E034 (11/05) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">4. FEI Number 20-0523018</td> <td style="width: 30%; text-align: center;">Applied For ☐ Not Applicable</td> </tr> <tr> <td colspan="2">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td> </tr> </table>			4. FEI Number 20-0523018	Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
4. FEI Number 20-0523018	Applied For ☐ Not Applicable					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent HILL, THOMAS W 1318 LAFAYETTE ST CAPE CORAL, FL 33904						
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 _____ DATE _____ Signature, typed or printed name of registered agent and title & subtitle (NOTE: Registered Agent Signature required when changing)						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00 9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS						
TITLE	PTD					
NAME	BARNES, ASHLEY					
STREET ADDRESS	12500 WORLD PLAZA LANE					
CITY, ST, ZIP	FORT MYERS, FL 33907					
TITLE	VD					
NAME	BARNES, WILLIAM					
STREET ADDRESS	12500 WORLD PLAZA LANE					
CITY, ST, ZIP	FORT MYERS, FL 33907					
TITLE	SD					
NAME	BARNES, BEATRICE					
STREET ADDRESS	12500 WORLD PLAZA LANE					
CITY, ST, ZIP	FORT MYERS, FL 33907					
TITLE						
NAME						
STREET ADDRESS						
CITY, ST, ZIP						
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 60, 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: <u><i>William F Barnes</i></u> <u>1/19/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						

 U000000587188
 01/24/07-00027-003 150.00

**DO NOT WRITE
IN THIS SPACE**