

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P04000064997**

1. Entity Name  
**LEDEE & ASSOCIATES, INC.**



Principal Place of Business  
**655 NORTHWEST 89TH AVE BLDG 10  
PLANTATION, FL 33324-3107**

Mailing Address  
**655 NORTHWEST 89TH AVE BLDG 10  
PLANTATION, FL 33324-3107**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 451171**  
Suite, Apt. #, etc.

City & State  
**Sunrise, FL**

Zip  
**33324-6107**

Country  
**USA**

6. Name and Address of Current Registered Agent  
**LEDEE, OTTO G  
655 NORTHWEST 89TH AVE BLDG 10  
PLANTATION, FL 33324-3107**

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 **JOHN B. ROGERS, ESQ.**

DATE **May 4, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST LEDEE, OTTO G 655 NORTHWEST 89TH AVE BLDG 10 PLANTATION, FL 333243107 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEDEE, KAREN L 655 NORTHWEST 89TH AVE BLDG 10 PLANTATION, FL 333243107 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

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 an other fee empowered.

SIGNATURE: **OTTO G. LEDEE, President**

DATE **7/15/05**

Daytime Phone **954-530-6027**

**FILED**

**05 SEP 15 AM 11:30**

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

**50066871**

05032005 Chg-P CR2E034 (10/03)

4. FEI Number  
**54-2149819** ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name  
**Attorney John B. Rogers, Esquire**

Street Address (P.O. Box Number is Not Acceptable)  
**1081 University Dr, Suite 100**

City  
**Coral Springs**

State  
**FL**

Zip Code  
**33071**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P.O. Box 451171  
Sunrise, FL 33345-1171**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P.O. Box 451171  
Sunrise, FL 33345-1171**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**700059782527  
09/20/05--01045--008 \*\*150.00**

☐ Change ☐ Addition

TITLE  
NAME  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition