2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000086395

$158.75 Antigua

1. Entity Name
LECESSE ANTIGUA, INC.

Principal Place of Business	Mailing Address
2221 LEE ROAD, SUITE 28 WINTER PARK, FL 32789	2221 LEE ROAD, SUITE 28 WINTER PARK, FL 32789

2. Principal Place of Business
650 S. Northlake Blvd
Suite, Apt. #, etc.
Suite 450
City & State
Altamonte Springs, FL
Zip 32701 Country USA

3. Mailing Address
650 S. Northlake Blvd
Suite, Apt. #, etc.
Suite 450
City & State
Altamonte Springs, FL
Zip 32701 Country USA

03312005   Chg-P   CR2E034 (10/03)

4. FEI Number
20-1311488
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
LECESSE DEVELOPMENT CORPORATION 2221 LEE ROAD, SUITE 28 WINTER PARK, FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) 650 S. Northlake Blvd, Suite 450 City Altamonte Springs FL Zip Code 32701

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 if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Pres NAME Salvador F. Lecesse STREET ADDRESS 650 S. Northlake Blvd, Suite 450 CITY-ST-ZIP Altamonte Springs, FL 32701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____   4-6-05   407-645-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #