

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000100959

Entity Name: LECO CARPENTRY, INC.

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

5290 ROSE AVE  
ORLANDO, FL 32810

## **New Principal Place of Business:**

8546 FORT CLINCH AVE.  
ORLANDO, FL 32822

## **Current Mailing Address:**

5290 ROSE AVE  
ORLANDO, FL 32810 US

## **New Mailing Address:**

8546 FORT CLINCH AVE.  
ORLANDO, FL 32810

FEI Number: 06-1729084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

GALINDO, LUIS E  
8546 FORT CLINCH AVE.  
ORLANDO, FL 32822 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: GALINDO, MARILYN  
Address: 5290 ROSE AVE  
City-St-Zip: ORLANDO, FL 32810 US

Title: VD  
Name: GALINDO, LUIS E  
Address: 5290 ROSE AVE  
City-St-Zip: ORLANDO, FL 32810 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LUIS GALINDO

P

01/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date