

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021249

Entity Name: LECARDI INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

2220 HAMILTON AVE.
JENNINGS, FL 32053 US

New Principal Place of Business:

Current Mailing Address:

2220 HAMILTON AVE.
JENNINGS, FL 32053 US

New Mailing Address:

FEI Number: 20-2311048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHRISTOPHER, ANNA
5969 NW 44TH STREET
JENNINGS, FL 32053 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: P () Delete
Name: CHRISTOPHER, ANNA
Address: 5969 NW 44TH STREET
City-St-Zip: JENNINGS, FL 32053 US

Title: S () Delete
Name: SANDERS, LYNETTE
Address: 5052 HAMMOCK TRAIL
City-St-Zip: LAKE PARK, GA 31636 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SANDERS, LYNETTE I
Address: 5052 HAMMOCK TRAIL
City-St-Zip: LAKE PARK, GA 31636 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANNA CHRISTOPHER

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date