


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90030 035 \*\*\*150.00

<b>DOCUMENT # P37842</b> 1. Entity Name <b>LE PETIT CAROUSEL, INC.</b>			
Principal Place of Business <b>51 NOTTINGHAM TERRACE BUFFALO NY 14216</b>		Mailing Address <b>51 NOTTINGHAM TERRACE BUFFALO NY 14216</b>	
2. Principal Place of Business <b>117 N. Grove St</b> Suite, Apt. #, etc.		3. Mailing Address <b>315 Pendleton Lane</b> Suite, Apt. #, etc.	
City & State <b>East Aurora N.Y.</b> Zip <b>14052</b> Country <b>USA</b>		City & State <b>Palm Beach Fla</b> Zip <b>33480</b> Country <b>USA</b>	
4. FEI Number <b>NO-T APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WYCKOFF, SHELBY DE PEYSTER 315 PENDLETON LANE PALM BCH. FL 33480</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP WYCKOFF, SHELBY DE PEYST 315 PENDLETON LANE PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WYCKOFF, CLINTON R., III 51 NOTTINGHAM TERRACE BUFFALO NY <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WYCKOFF, CLINTON R. III 315 Pendleton Lane Palm Beach, Fla 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** S. Wyckoff Shelby Wyckoff 2/27/04 561-655-2725  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #