


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000041301	
1. Entity Name LEEHO, INC.	

Principal Place of Business 2032 HILLVIEW ST. SARASOTA, FL 34239	Mailing Address 2032 HILLVIEW ST. SARASOTA, FL 34239
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FCI Number 59-3248547	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAMBRECHT, WILLIAM G 1550 RINGLING BLVD. SARASOTA, FL 34236
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IN THIS SPACE

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 _____ <small>(Print or word or printed name of registered agent and his or her address)</small>	DATE _____ <small>(Date of signature of agent and date of filing with Secretary of State)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PT BALLIETT, JOHN W 2032 HILLVIEW ST SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VS POPIELINSKI, JAMES G. 2032 HILLVIEW STREET SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AS LAMBRECHT, WG 1550 RINGLING BLVD SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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02/02/04-80113-011 158.75

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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.	
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SIGNATURE: 	1-23-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #