2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 06, 2005 8:00 am Secretary of State **DOCUMENT # P95000089071** 04-06-2005 90127 001 ***150.00 1. Entity Name R. LARRY LEFFEL, INC. Principal Place of Business Mailing Address 9760 W TERRY ST 9760 W TERRY ST 50034350 **BONITA SPRINGS, FL 34135** BONITA SPRINGS, FL 34135 2. Principal Place of Business 3. Mailing Address 768 W. TERRY S Suite, Apt. #, etc. P.O.Bux 366-306 Suite, Apt, #, etc. 03312005 Chg-P CR2E034 (10/03) City & State BONITA SPRINGS 4. FEI Number Applied For BONITA SPRINGS. 65-0622353 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEFFEL, R. LARRY Street Address (P.O. Box Number is Not Acceptable) 9760 W TERRY ST **BONITA SPRINGS, FL 33923** 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 SIGNATURE_Z 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change --- Delete LEFFEL R. LARRY P.O.BOX 366-306 LEFFEL, R. LARRY NAME NAME 9760 W TERRY ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 33923 CITY-ST-7/P BONITA SPRINGS, FL. 34136 D.VP LEFFEL LINDAL Delete Change TULE TITLE ■ Addition NAME LEFFEL, LINDA L NAME P.O. BOX 366-306 9760 W TERRY ST STREET ADDRESS STREET ADDRESS **BONITA SPRINGS, FL 33923** CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS, FL. 34136 Delete TITLE ☐ Change ☐ Addition LEFFEL, RONALD LEIGH NAME NAME 26959 MORTON GROVE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34135 CITY-ST-ZIP □ Delete Change ~ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 1 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.

FILED