

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000091089**

1. Entity Name  
**LEN CODELLA, INC.**



Principal Place of Business  
**2201 S. CARNEGIE DR  
INVERNESS, FL 34450 US**

Mailing Address  
**2201 S CARNEGIE DRIVE  
INVERNESS, FL 34450 US**



03302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0624733**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CODELLA, LEONARD V  
2201 S CARNEGIE DRIVE  
INVERNESS, FL 34450**

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000124179  
04/22/04-80035-004 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**DP  
CODELLA, LEONARD V  
2201 S CARNEGIE DRIVE  
INVERNESS, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**V  
CODELLA, CAROL  
2201 S. CARNEGIE DR.  
INVERNESS, FL 34450**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**V  
CODELLA, DAVID  
26666 PLAYERS CIR.  
LUTZ, FL 33549**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

**C. CodeLLA, C. CODELLA, VP**

**4/21/04 (352)637-5454**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #