


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90440 010 \*\*\*150.00

<b>DOCUMENT # P96000029471</b> 1. Entity Name <b>LETO DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>3535 BROKENWOODS DR UNIT 101 CORAL SPRINGS, FL 33065</b>			Mailing Address <b>3535 BROKENWOODS DR UNIT 101 CORAL SPRINGS, FL 33065</b>		
2. Principal Place of Business <b>6171 SHADOW TREE LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>6171 SHADOW TREE LANE</b> Suite, Apt. #, etc.			
City & State <b>LAKE WORTH, FLORIDA</b>		City & State <b>LAKE WORTH, FLORIDA</b>		4. FEI Number <b>65-0672358</b>	
Zip <b>33463</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LETO, PETER SR 3535 BROKENWOODS DR, UNIT 101 CORAL SPRINGS, FL 33065</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6171 SHADOW TREE LANE</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33463</b>	
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 After May 1, 2006 Fee will be \$550.00</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	ST LETO, CHARLOTTE 3535 BROKENWOODS DR, UNIT 101 CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6171 SHADOW TREE LANE LAKE WORTH, FLORIDA 33463	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LETO, PAUL 6255 SAND HILLS CIRCLE LAKE WORTH, FL 33463		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LETO, SR, PETER 3535 BROKENWOODS DR, UNIT 101 CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6171 SHADOW TREE LANE LAKE WORTH, FLORIDA 33463	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

20042117



03212006 Chg-P CR2E034 (11/05)