2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2005 8:00 am Secretary of State

DOCUMENT # P96000035565 1. Entity Name LEITNER-PACK ENTERPRISES, INC.						03-10-2005 90145 021 ***150.00			
Principal Place of Business Mailing Address									
1000 W. BRANDON BLVD.		1000 W. BRANDON BLVD.							
BRANDON, FL 33510		BRANDON, FL 33510							
				(1071)07	AND INVIDENCE OF THE PART OF THE PART	kit paina kribė astbi attin ustni di	IITEI II IBBI		
2. Principal P	lace of Business	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		02102005	6 Chg-P	CR2E034 (10/03)			
City & State		City & State		4. FEI Num		· · · · · · · · · · · · · · · · · · ·	plied For		
City & Sizie		City a State				76107		t Applicable	
Zip Country		Zip Country		гу		te of Status Desired	□ \$8.75 Add	ditional	
	C. Norward Address of Courses Declared Acces						Fee Require	d .	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
LEITNER, WILLIAM			1						
1000 W. BRANDON BLVD. BRANDON, FL 33510			Ì	Street Addr	ress (P.O. Box Nun	O. Box Number is Not Acceptable)			
BRANDON	1, FL 33310					· · · · · · · · · · · · · · · · · · ·			
			ŀ	City FL Zip Code					
						ooth in the State of El		and appear	
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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10. OFFICERS AND DIRECTORS 11.					ADDITION	S/CHANGES TO OFF	FICERS AND DIRECTOR	S IN 11	
ΠLE			TITLE				☐ Change	Addition	
NAME CYDETY 4000000			NAME						
STREET ADDRESS CITY-ST-ZIP				ET ADORESS ST-ZIP					
TITLE	D	☐ Delete	TITLE				Change	☐ Addition	
NAME	PACK, ALICE L	_ 0000	NAME	: I,	Vinc	s Print ct.	E onengo		
STREET ADDRESS	2201 BANDY DRIVE			ET ADDRESS	1642 King	s Point ct. L 33813.	2760		
CITY-ST-ZIP	SEFFNER, FL		_		alelang t	L 33013.			
TITLE NAME		☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS			NAME STREE	T ADORESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME	ET ADORESS					
CMY-ST-ZIP				ST-ZIP					
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME			NAME						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				ST-ZIP					
TITLE		☐ Delete	TITLE	I			☐ Change	■ Addition	
STREET ADDRESS			NAME STREE	ET ADDRESS					
CITY-ST-ZIP				ST-ZIP					
45									

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: _

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 May 05

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