2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000077676

 Entity Name LESSCO INTERNATIONAL, INC.



Principal Place of Business

2201 N.E. 48TH STREET LIGHTHOUSE POINT, FL 33064 Mailing Address

P.O. BOX 51629

LIGHTHOUSE POINT, FL 33074

FILED Apr 12, 2004 08:00 AM Secretary of State



04062004

No Cha-P

CR2E034 (10/03)

4. FEI Number 65-0703062 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

3. Cermicale of Status (

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQUIRE GREENSPOON, MARDER, HIRSCHFELD, RAFKIN ETA 100 WEST CYPRESS CREEK ROAD, SUITE 700 FT. LAUDERDALE, FL 33309

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FT. LAUDERDALE, FL 33309			IIV	I MIS SPACE
	named entity submits this statement for the priors of registered agent.	urpose of changing its registered	d office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE				
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	sing \$5.00 May Be	
10.	OFFICERS AND DIREC	TORS		
TRILE NAME STREET ADDRESS CHY-ST-ZIP	D BROWN, W. LAMAR 2201 N.E. 48TH STREET LIGHTHOUSE POINT, FL 33064		U00000108615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				04/12/04-80010-010 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

12. Thereby certify that the information supplied with this filling 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:

CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-06-04

706-278-0272