

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000022033

Entity Name: L.L. LESKO, INC.

FILED
Apr 22, 2007
Secretary of State

Current Principal Place of Business:

1072 S.E. FLORESTA DRIVE
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

1072 S.E. FLORESTA DRIVE
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: 65-0749819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNEDY, ROBERT
1072 S.E. FLORESTA DRIVE
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KENNEDY, ROBERT
Address: 1072 SE FLORESTA DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP () Delete
Name: LESKO, LINDA
Address: 1072 SE FLORESTA DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KENNEDY, ROBERT
Address: 1072 SE FLORESTA DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT KENNEDY

P

04/22/2007

Electronic Signature of Signing Officer or Director

Date