

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90213 048 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000022669

1. Entity Name
LEANTE FLORIDA, INC.



Principal Place of Business
800 N JOHN YOUNG PARKWAY
SUITE 834
KISSIMMEE, FL 34741

Mailing Address
800 N JOHN YOUNG PARKWAY
SUITE 834
KISSIMMEE, FL 34741

44044303



2. Principal Place of Business

800 N JOHN YOUNG PARK.

Suite, Apt. #, etc.

SUITE 830

City & State

KISSIMMEE, FL

Zip

34741

Country

3. Mailing Address

800 N JOHN YOUNG PARKWAY

Suite, Apt. #, etc.

SUITE 830

City & State

KISSIMMEE, FL

Zip

34741

Country

04262004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3445382

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOVONI, BRIAN R.
505 AVENUE A NW
SUITE 14
WINTER HAVEN, FL 33881-4626

7. Name and Address of New Registered Agent

Name

PETRUS F. van KONINGS BRUGGEN

Street Address (P.O. Box Number is Not Acceptable)

1950 Willow Wood Dr.

City

Kissimmee

FL

Zip Code

34746

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KONINGSBRUGGEN, PIET VAN
STREET ADDRESS 1950 WILLOW WOOD DRIVE
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE SD ☐ Delete
NAME HAARSMA, DORA
STREET ADDRESS 1950 WILLOW WOOD DRIVE
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/P/T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/VP/S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #