## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000033935

LEHIGH, FL 33979

City-St-Zip:

FILED Mar 17, 2004 Secretary of State

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Entity Na	me: LEHIGH	CAPITAL, INC.			
		o, 11 11, 12, 11 to.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1512 9TH LEHIGH, F					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P.O. BOX LEHIGH A	1387 ACRES, FL 33	970			
FEI Number	: 95-4783711	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
HILL, DARRELL R ESQ 222 PLAZA DRIVE LEHIGH ACRES, FL 33936 US			1154 LEE BOULEVA	HILL, DARRELL R ESQ 1154 LEE BOULEVARD UNIT 6 LEHIGH ACRES, FL 33936 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATURE:				03/17/2004	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ( FUCHS, FLOR P.O. BOX 138' LEHIGH ACRE	7	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( FUCHS, BARB P.O. BOX 138' LEHIGH, FL 3	7	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( FUCHS, FLOR P.O. BOX 138' LEHIGH, FL 3	7	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	D ( FUCHS, TOBIA P./O. BOX 138		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: FUCHS FLORIAN D 03/17/2004