

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90291 020 ***158.75

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|---|--|--|--|
| DOCUMENT # P98000051093 1. Entity Name LECCESE HOLDINGS, INC. | | <i>\$158.75 Family PO</i> | |
| Principal Place of Business 2221 LEE ROAD #28 WINTER PARK, FL 32789 | | Mailing Address 2221 LEE ROAD #28 WINTER PARK, FL 32789 | |
| 2. Principal Place of Business <i>650 S. Northlake Blvd</i> Suite, Apt. #, etc. <i>Suite 450</i> City & State <i>Altamonte Springs, FL</i> Zip <i>32701</i> | | 3. Mailing Address <i>650 S. Northlake Blvd</i> Suite, Apt. #, etc. <i>Suite 450</i> City & State <i>Altamonte Springs, FL</i> Zip <i>32701</i> | |
| Country <i>USA</i> | | Country <i>USA</i> | |
| 4. FEI Number 59-3525074 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LECCESE, SALVADOR F 2221 LEE RD. #28 WINTER PARK, FL 32789 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>650 S. Northlake Blvd, Suite 450</i> City <i>Altamonte Springs</i> | |
| State <i>FL</i> | | Zip Code <i>32701</i> | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | |
| Signature, typed or printed name of registered agent and title if applicable | | | |
| DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LECCESE, SALVADOR F 2221 LEE ROAD #28 WINTER PARK, FL 32789 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 650 S. Northlake Blvd, Suite 450 Altamonte Springs, FL 32701 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>[Signature]</i> | | 4-6-05 407-645-5575 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |