

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000107315

1. Entity Name  
LEICO, INC.



Principal Place of Business  
2699 LEE RD  
SUITE 320  
WINTER PARK, FL 32789 US

Mailing Address  
P.O. BOX 608557  
ORLANDO, FL 32860-8557 US



01212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3550418

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, MARK O  
2699 LEE RD  
STE 320  
WINTER PARK, FL 32789

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing)

DATE

2-3-04

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

000000036562  
02/06/04-80065-001 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
COOPER, MARK O  
PO BOX 608557  
ORLANDO, FL 328608557

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
LIEBMAN, JOHN B  
PO BOX 608557  
ORLANDO, FL 328608557

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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

02/03/04

(407)647-9550

Date

Daytime Phone #