2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P99000023928

Entity Name: LEP ENTERPRISES, INC.

Current Principal Place of Business:

237 2 STREET
HOLLY HILL, FL 32117 US

New Principal Place of Business:

122 9TH STREET
HOLLY HILL, FL 32117 US

Current Mailing Address:

P O BOX 250671
HOLLY HILL, FL 32125

New Mailing Address:

FEI Number: 59-3571492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERKINS, EDWARD H
237 2 STREET
HOLLY HILL, FL 32117 US

Name and Address of New Registered Agent:

PERKINS, TAMARA L
122 9TH STREET
HOLLY HILL, FL 32117 US

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: TAMARA L PERKINS 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PERKINS, EDWARD H
Address: 237 2 STREET
City-St-Zip: HOLLY HILL, FL 32117

Title: VSD ( ) Delete
Name: PERKINS, LYNN
Address: 237 2 STREET
City-St-Zip: HOLLY HILL, FL 32117

Title: T ( ) Delete
Name: PERKINS, ALICIA J
Address: 237 2 STREET
City-St-Zip: HOLLY HILL, FL 32117

Title: S (X) Delete
Name: PERKINS, TAMARA L
Address: 237 2 STREET
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: PERKINS, TAMARA L
Address: 122 9TH STREET
City-St-Zip: HOLLY HILL, FL 32117

Title: VD (X) Change ( ) Addition
Name: PERKINS, LYNN
Address: 122 9TH STREET
City-St-Zip: HOLLY HILL, FL 32117

Title: T (X) Change ( ) Addition
Name: PERKINS, ALICIA J
Address: 122 9TH STREET
City-St-Zip: HOLLY HILL, FL 32117

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

I hereby certify that the information supplied with this filing does not qualify 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: TAMARA L PERKINS PSD 04/29/2009
Electronic Signature of Signing Officer or Director Date