
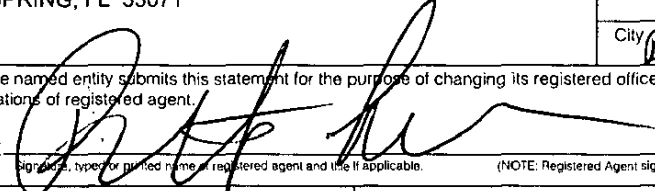



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90245 002 \*\*\*150.00

<b>DOCUMENT # P99000096971</b> 1. Entity Name <b>LEBRON &amp; ASSOCIATES, INC.</b>			
Principal Place of Business <b>1999 NORTH UNIVERSITY DRIVE SUITE 405 CORAL SPRING, FL 33071</b>		Mailing Address <b>1999 NORTH UNIVERSITY DRIVE SUITE 405 CORAL SPRINGS, FL 33071</b>	
2. Principal Place of Business - No P.O. Box # <b>8696 Woodgrove Harbor Lane</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Boynton Beach FL</b>		City & State <b>FL</b>	
Zip <b>33473</b>	Country <b>Palm Beach</b>	Zip <b>33473</b>	Country
4. FEI Number <b>65-0961998</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEBRON, PETER 1999 NORTH UNIVERSITY DRIVE SUITE 405 CORAL SPRING, FL 33071</b>		7. Name and Address of New Registered Agent Name <b>Lebron and Associates, Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>8696 Woodgrove Harbor Lane</b> City <b>Boynton Beach</b> <b>FL</b> Zip Code <b>33473</b>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE:   <small>(Signature, type or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating))</small> </div> <div style="width: 40%; text-align: right;"> <b>4-29-2008</b>  <small>DATE</small> </div> </div>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEBRON, PETER 8696 WOODGROVE HARBOR LANE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date		Daytime Phone #	