2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT# V01962

1. EntityName
LE CELLIER, INC.

PrincipalPlaceofBusiness	MailingAddress
2909 W SR 434 SUITE 121-131 LONGWOOD, FL 32779 US	2909 W SR 434 SUITE 121-131 LONGWOOD, FL 32779 US

DO NOT WRITE IN THIS SPACE

01092004 NoChg-P CR2E034(10/03)

4. FEINumber
59-3099286
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

GOODMAN, BARRY S.
2909 W SR 434
SUITE 121-131
LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typeorprintednameofregisteredagentandtitleifapplicable (NOTE:RegisteredAgentsignaturerequiredwhere instating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	PD
NAME	GOODMAN, BARRY S.
STREETADDRESS	2909 W SR 434, SUITE 121-131
CITY-ST-ZIP	LONGWOOD, FL
TITLE	S
NAME	NOVOTNY, CHRISTINA M
STREETADDRESS	2909 W SR 434, SUITE 121-131
CITY-ST-ZIP	LONGWOOD, FL
TITLE	T
NAME	KNOWLES, LISA A
STREETADDRESS	2909 WEST STATE RD 434, #121-131
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

U00000084524
03/11/04-80009-022 150.00

DO NOT WRITE IN THIS SPACE

12. Ihereby certifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempowered toexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oranattachmentwithnewaddress,withallotherlikeempowered.

SIGNATURE: Barry S. Goodman, President 3/1/04 407-786-4244
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#