

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# V01962	
1. Entity Name LE CELLIER, INC.	

Principal Place of Business 2909 W SR 434 SUITE 121-131 LONGWOOD, FL 32779 US	Mailing Address 2909 W SR 434 SUITE 121-131 LONGWOOD, FL 32779 US
--	--

DO NOT WRITE IN THIS SPACE

01092004 NoChg-P CR2E034(10/03)	
4. FEI Number 59-3099286	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOODMAN, BARRY S. 2909 W SR 434 SUITE 121-131 LONGWOOD, FL 32779
--

DO NOT WRITE IN THIS SPACE

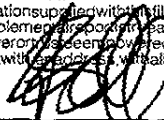
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.	
SIGNATURE _____ Signature, type or print name of registered agent and file applicable (NOTE: Registered Agent's signature required where installing)	DATE _____

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
---	---

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

U00000084524
03/11/04-80009-022 150.00

DO NOT WRITE 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)(f), Florida Statutes. I further certify that the information indicated on this report or supplement is true, 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 has been 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 the address, with all other like empowered.	
SIGNATURE: 	Barry S. Goodman, President 3/1/04 407-786-4244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone