


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90036 016 \*\*\*150.00

**DOCUMENT # P04000157651**

1. Entity Name  
**FRED LECHELER, D.P.M., P.A.**



Principal Place of Business      Mailing Address  
**411 SOUTH ORANGE STREET**      **411 SOUTH ORANGE STREET**  
**NEW SMYRNA BEACH FL 32168**      **NEW SMYRNA BEACH FL 32168**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE      CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**LECHELER, FRED**  
**411 SOUTH ORANGE STREET**  
**NEW SMYRNA BEACH FL 32168**

4. FEI Number  
**# 52-2447011**      Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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: *Fred Lecheler, DPM*      DATE: 3-25-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be  
 Trust Fund Contribution.            Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LECHELER D.P.M., FRED P.A.</b> <b>411 SOUTH ORANGE STREET</b> <b>NEW SMYRNA BEACH FL 32168</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Fred Lecheler DPM*      DATE: 3-25-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #