



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000457651 1. Entity Name FRED LECHELER, D.P.M., P.A.	
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Principal Place of Business 411 SOUTH ORANGE STREET NEW SMYRNA BEACH, FL 32168	Mailing Address 411 SOUTH ORANGE STREET NEW SMYRNA BEACH, FL 32168
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DO NOT WRITE IN THIS SPACE

	
04222008	No Chg-P CR2E034 (11/05)
4. FEI Number 52-2447011	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

U00000941341
 05/28/08-80103-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LECHELER, FRED 411 SOUTH ORANGE STREET NEW SMYRNA BEACH, FL 32168
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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: *X*  **Fred Lecheler DPM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/25/08** Daytime Phone #: **(384) 429-4020**