


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90037 032 ****61.25

DOCUMENT # N07000003765					
1. Entity Name LEESBURG JAYCEES INC					
Principal Place of Business 1300 W NORTH BLVD LEESBURG, FL 34748 US			Mailing Address 1300 W NORTH BLVD LEESBURG, FL 34748 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
				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			7. Name and Address of New Registered Agent		
HALIDAY, TREY 809 NORTH SHORE DR. LEESBURG, FL 34748			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALIDAY, TREY		NAME		
STREET ADDRESS	809 N SHORE DR		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLISH, BRANDON		NAME		
STREET ADDRESS	725 S 9TH. STREET		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	TRES	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARIDI, JAMES		NAME	Caridi, James	
STREET ADDRESS	913 SUMTER ST APT 202		STREET ADDRESS	913 Sumter St Apt 202	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	Tres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALLEY, JT		NAME	Smalley, JT	
STREET ADDRESS	2501 W MAIN ST.		STREET ADDRESS	2501 W Main St	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE		<input type="checkbox"/> Delete	TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Lewin, RYAN	
STREET ADDRESS			STREET ADDRESS	902 Palm Ave	
CITY-ST-ZIP			CITY-ST-ZIP	Leesburg, FL 34748	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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: <u>Alfred C. Haliday Jr</u>				1/24/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				<small>Daytime Phone #</small>	