## 2006 FOR PROFIT CORPORATION

## Apr 18, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P05000002369 04-18-2006 90077 045 \*\*\*150.00 LEADERSHIP CHALLENGE, INC. Principal Place of Business Mailing Address գլսս∼∵ 506 HUMPHRIES ROAD **506 HUMPHRIES ROAD** SAFETY HARBOR, FL 34695 SAFETY HARBOR, FL 34695 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20 2183646 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HESTERMAN, CINDY L **506 HUMPHRIES ROAD** Street Address (P.O. Box Number is Not Acceptable) SAFETY HARBOR, FL 34695 City Zip Code FL 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. 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, 2006 Fee w!!! be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D/P/T TITLE ☐ Delete TITLE Change ☐ Addition HESTERMAN, CYNTHIA HESTERMAN, CINDY L NAME NAME **506 HUMPHRIES ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR, FL 34695 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ✓ Addition HESTERMAN, ERIC T. NAME NAME 506 HUMPHRILS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR, FL 34695 TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

4/3/06 727-667-0636 Daytime Phone #

**FILED**