## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P93000087325

1. Entity Name

## INTERNATIONAL LEISURE MARKETING, INC.



## FILED Apr 13, 2005 08:00 AN Secretary of State

Principal Plac	ce of Business	Mailing Address							
209 3RD AVE INDIAN ROCKS BEACH FL 33785 US		209 3RD AVE INDIAN ROCKS BEACH FL 33785 US		1 (100)	I ITO (UIDE PRII) ODUN DUNK O	IZZU ONINI INII INI		1882: It (888)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)					
City & State		City & State			4. FEI Number	59-3201239	-	<del></del>	plied For t Applicable
Zip	Country	Zip	Count	try	5. Certificate of	Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent					7. Name and A	ddress of New Re	gistered Ag	ent	
				Name					
209	VARNE, MARY L 3RD AVE IAN ROCKS BEACH FL 337			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 registere									
	named entity submits this statement for trons of registered agent	r the purpose of changing its	registere	id office or regis	stered agent, or both,	in the State of Flor	ida. Lamita	miliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and trilled applicable (NOTE Registered Agent signature required when reinstalling)  DATE  DATE									
	ILE NOW!!! FEE IS \$150,00				1	· · · · · · · · · · · · · · · · · · ·			
After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State					9.	. Election Campai Trust Fund Conti			OO May Be d to Fees
10.	OFFICERS AND	DIRECTORS	11.	<del></del>	ADDITIONS/CH	HANGES TO OFFIC	CERS AND E	DIRECTORS	IN 11
futuf	P	☐ Delete	1,48					Change	Addition
NAME	LEWARNE, MARY L		NAME						
	209 3RD AVE			22 PRODATE		U0000003020 413/05-800	299		ł
CITY ST ZIF	INDIAN ROCKS BEACH FL 33785		Cilv.	ST-ZIP	04/	<u> 113/05-800</u>	<u> 56-025</u>	<u> 150.00</u>	
) मंस	VP	☐ Delete	1116	ł			ŗ	7 00	Addition
NAME	LEWARNE, EDWARD B							🗀 Сћапде	i
STREET ADDRESS			NAME	į.			•	Change	
CITY ST 71F	209 3RD AVE		STAGE	LADORESS			•	Change	
CITY ST ZIP	INDIAN ROCKS BEACH FL 33785	<del></del>	STACE CHIV-S	LABORESS ST-ZIP					D Addition
<b>ΣίΤζ</b> ξ	INDIAN ROCKS BEACH FL 33785 S	☐ Delete	STAGE CITY:	CLADORESS ST-ZIP				Change	Addition
	INDIAN ROCKS BEACH FL 33785 S GUTHRIE, NELLA A	☐ Delete	STACE CHY-S THER NAME	CLADORESS ST-ZIP					Addition
TUTUE NAME	INDIAN ROCKS BEACH FL 33785 S	☐ Delete	STACE CHY-S MILE NAME STREE	CLABORESS ST-ZIP					Addition
TUTUE NAME STREET ADDRESS	INDIAN ROCKS BEACH FL 33785 S GUTHRIE, NELLA A 14130 ROSEMARY LANE, APT. 32	☐ Delete	STACE CHY-S MILE NAME STREE	TADDRESS  TADDRESS					Addition Addition
NAME STREET ADDRESS CITY-ST 7P	INDIAN ROCKS BEACH FL 33785 S GUTHRIE, NELLA A 14130 ROSEMARY LANE, APT. 32	☐ Delete	STREE CHY: MILE NAME STREE CHY: TULE NAME	CLADORESS ST-ZIP CLADORESS ST-ZIP				Change	
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12. Thereby 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 it 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

CHECKOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 4/9/05 727-593-756