

**2005 FOR PROFIT CORPORATION -  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 242985**

1. Entity Name  
**LEIS BROS. REALTORS, INC.**



Principal Place of Business  
**GEORGE W LEIS  
290 CYPRESS GARDENS BOULEVARD  
WINTER HAVEN, FL 33880**

Mailing Address  
**GEORGE W LEIS  
290 CYPRESS GARDENS BOULEVARD  
WINTER HAVEN, FL 33880**



01262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0918490</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LEIS, GEORGE W  
700 MIRROR TERR NW  
WINTER HAVEN, FL 33880**

**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

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	LEIS, GEORGE W
STREET ADDRESS	290 CYPRESS GARDENS BLVD
CITY - ST - ZIP	WINTER HAVEN, FL

TITLE	STD
NAME	LEIS, THELMA L
STREET ADDRESS	700 MIRROR TERR NW
CITY - ST - ZIP	WINTER HAVEN, FL 33880

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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03/09/05-80023-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*George W. Leis* (GEORGE W LEIS)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/2/05*  
Date

*863-293-0304*  
Daytime Phone #