


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 447798 1. Entity Name LEISURE INTERIORS, INC.	
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Principal Place of Business 2024 BEACON MANOR DRIVE FORT MYERS, FL 33907-3047	Mailing Address 2024 BEACON MANOR DRIVE FORT MYERS, FL 33907-3047
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1525560	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 EBLIN (SALLIE) 1861 MARINA CIRCLE FT. MYERS, FL 33903	DO NOT WRITE IN THIS SPACE
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EBLIN (SALLIE) 1861 MARINA CIRCLE FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROUSE (ROBERTA) 4732 ORANGE GROVE BLVD C-2 FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CROWE, HEATHER 5934 WAR ADMIRAL TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/18/05-80015-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 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: <i>Sallie Eblin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>1/25/05</i> Date	<i>239-936-3996</i> Daytime Phone #
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