

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90031 013 \*\*\*150.00

**DOCUMENT # 447798**

1. Entity Name  
**LEISURE INTERIORS, INC.**



Principal Place of Business  
**2024 BEACON MANOR DRIVE  
FORT MYERS, FL 33907-3047**

Mailing Address  
**2024 BEACON MANOR DRIVE  
FORT MYERS, FL 33907-3047**

**60026014**

2. Principal Place of Business - No P.O. Box #  
**1861 MARINA CIRCLE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1861 MARINA CIRCLE**  
Suite, Apt. #, etc.



03182007 Chg-P CR2E034 (12/06)

City & State  
**FT. MYERS, FL**  
Zip  
**33903**  
Country  
**USA**

City & State  
**FT. MYERS, FL**  
Zip  
**33903**  
Country  
**USA**

4. FEI Number  
**59-1525560**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

**EBLIN (SALLIE)  
1861 MARINA CIRCLE  
FT. MYERS, FL 33903**

**7. Name and Address of New Registered Agent**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
EBLIN (SALLIE)  
1861 MARINA CIRCLE  
FT MYERS, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CROUSE (ROBERTA)  
4732 ORANGE GROVE BLVD C-2  
FORT MYERS, FL 33903** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
CROWE, HEATHER  
5934 WAR ADMIRAL  
TAMPA, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROBERTA CROUSE  
2377 FOXMOOR PEAK DR.  
RIVERVIEW, FL 33569** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
CROWE-EBLIN, HEATHER  
36831 OPEN COUNTRY LANE  
DADE CITY, FL** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-18-07**

Date

**239-995-6404**

Daytime Phone