


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90060 049 ***150.00

DOCUMENT # 459756			
1. Entity Name LEISURE INDUSTRIES, INC.			
Principal Place of Business 4120 SPRUCEWOOD ST WINTER HAVEN, FL 33880		Mailing Address 4120 SPRUCEWOOD ST WINTER HAVEN, FL 33880	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1550531		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		7. Name and Address of New Registered Agent	
WILSON, KERRY LAGE REGION PLAZA, SUITE 300 141 5TH STREET, N.W. WINTER HAVEN, FL 33883-4608		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERGE, WALTER L	NAME	
STREET ADDRESS	212 N LAKE HARTRIDGE DR	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERGE, WALTER L	NAME	
STREET ADDRESS	212 N LAKE HARTRIDGE DR	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERGE, PHYLLIS J	NAME	
STREET ADDRESS	212 N LAKE HARTRIDGE DR	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERGE, PHYLLIS J.	NAME	
STREET ADDRESS	212 N LAKE HARTRIDGE DR	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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>Walter L. Roberge Jr</i>		Date: <i>1/16/04</i> Daytime Phone #: <i>863-956-4112</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		WALTER L. ROBERGE JR	

Attachment

44003251



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 9, 2004

LEISURE INDUSTRIES, INC.
4120 SPRUCEWOOD ST
WINTER HAVEN, FL 33880-1642

SUBJECT: LEISURE INDUSTRIES, INC.
Ref. Number: 459756

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Letter Number: 704A00001541