

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90382 022 \*\*\*150.00

**DOCUMENT # 535968**

1. Entity Name  
**THE LEOPARD BOUTIQUE, INC.**



Principal Place of Business  
**3212 SOUTH GATE CIRCLE  
SARASOTA, FL 34239 US**

Mailing Address  
**P O BOX 19949  
SARASOTA, FL 34276 US**



04272004 Chg-P CR2E034 (10/03)

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

**59-1734371**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~TURNER, JIM~~  
~~WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN~~  
~~1550 RINGLING BLVD.~~  
~~SARASOTA, FL 34236~~

Name **David J. Ferguson**  
Street Address (P.O. Box Number is Not Acceptable)  
**3212 S. Gate Circle**  
City **Sarasota** FL Zip Code **34239**

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)

**4/27/04**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/03

TITLE	PD	<input type="checkbox"/> Delete
NAME	WINSLOW, MARY A	
STREET ADDRESS	420 N CASEY KEY RD	
CITY-ST-ZIP	OSPREY, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WINSLOW, JOHN C JR	
STREET ADDRESS	632 TREASURE BOAT WAY	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FERGUSON, LAURIE L	
STREET ADDRESS	3212 SOUTH GATE CIRCLE	
CITY-ST-ZIP	SARASOTA, FL 342395514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

**Laurie L Ferguson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Laurie L Ferguson, Sec**  
Date

**4/27/04**  
Daytime Phone # **941 954-1581**