

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90154 001 ***450.00

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1. Entity Name
LEISURE ATTRACTIONS, INC.



Principal Place of Business
5151 JUNGLE PLUM RD
SARASOTA, FL 34242 US

Mailing Address
P. O. BOX 4009
SARASOTA, FL 34230 US

00007061



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1806404

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLINGSWORTH, FRED, III
5151 JUNGLE PLUM RD
SARASOTA, FL 34242

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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

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, 2006 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
PTD
HOLLINGSWORTH, FRED III
5151 JUNGLE PLUM ROAD
SARASOTA, FL 34242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HOLLINGSWORTH JUDY, M
5151 JUNGLE PLUM ROAD
SARASOTA, FL 34242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOLLINGSWORTH, JUDY M
5151 JUNGLE PLUM RD
SARASOTA, FL 34242

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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IN THIS SPACE**

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
FRED HOLLINGSWORTH, III, AS President

3/29/06

941.730-6043
Daytime Phone #