## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 21, 2005 08:00 AM **DOCUMENT # 685924 Secretary of State** INLAND REALTY OF LEESBURG, INC. Principal Place of Business Mailing Address 214-B NORTH THIRD STREET 214-B NORTH THIRD STREET LEESBURG, FL 34748 LEESBURG, FL 34748 01172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2032806 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GEIGER, L.D. DO NOT WRITE 214-B NORTH THIRD STREET LEESBURG, FL 34748 IN THIS SPACE 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 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE PDS GEIGER, L.D. JR. U00000188314 NAME STREET ADDRESS 214-B NORTH THIRD STREET 01/24/05-80049-025 150.nn CITY-ST-7IP LEESBURG, FL 34748 TITLE NAME STREET ADDRESS CITY-ST-ZIP DDF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TETLE NAME STREET ADDRESS

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 charged, or on an attachem with any address, with all other like empowered

SIGNATURE: DI

CRTY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CRTY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

1-10-05 352-787-410

FILED