


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90225 030 \*\*\*150.00

**DOCUMENT # 841997**

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



Principal Place of Business      Mailing Address

**% CHASE ENTERPRISES**  
**280 TRUMBULL ST., 24TH FL**  
**HARTFORD, CT 06103 US**

**% CHASE ENTERPRISES, ATN. J. KORZENIK**  
**280 TRUMBULL ST., 24TH FL**  
**HARTFORD, CT 06103 US**

40000304

2. Principal Place of Business  
**c/o Chase Enterprises**

3. Mailing Address c/o Chase Enterprises  
**Attn: Kathleen Tierney**

Suite, Apt. #, etc. **Goodwin Square**  
**225 Asylum St., 29th Floor**

Suite, Apt. #, etc. **Goodwin Square**  
**225 Asylum St., 29th Floor**



03312005    Chg-P    CR2E034 (10/03)

City & State  
**Hartford, CT**

City & State  
**Hartford, CT**

4. FEI Number  
**06-0992312**

Applied For  
 Not Applicable

Zip      Country  
**06103-1538      USA**

Zip      Country  
**06103-1538      USA**

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
**2731 EXECUTIVE PARK DRIVE**  
**SUITE 4**  
**WESTON, FL 33331**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KORZENIK, JOSEPH 280 TRUMBULL STREET, 24TH FLOOR HARTFORD, CT 06103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASE, DAVID T. 280 TRUMBULL STREET, 24TH FLOOR HARTFORD, CT 06103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT REMIREZ, RICHARD J. F. 400-A N. FLAGLER DR. WEST PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD CHASE, CHERYL A 280 TRUMBULL STREET, 24TH FLOOR HARTFORD, CT 06103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD CHASE, ARNOLD L. 280 TRUMBULL STREET, 24TH FLOOR HARTFORD, CT 06103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PORCO, ERNEST A 280 TRUMBULL STREET, 24TH FLOOR HARTFORD, CT 06103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Cheryl A. Chase EVD      4/14/05      (860) 549-1674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #