


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90222 041 \*\*\*150.00

DOCUMENT # F03000003336		
1. Entity Name LEEDS FINANCIAL SERVICES, INC.		

14010360



04262004 Chg-P CR2E034 (10/03)

Principal Place of Business 333 RACETRACK ROAD, #109 FT. WALTON BEACH, FL 32547		Mailing Address 333 RACETRACK ROAD, #109 FT. WALTON BEACH, FL 32547	
2. Principal Place of Business 14060 EMERALD COAST PKWY Suite, Apt. #, etc. 2ND FLOOR City & State DESTIN, FLORIDA Zip 32541 Country U.S.A.		3. Mailing Address 1328 NORTH FERDON BLVD, Suite, Apt. #, etc. # 254 City & State CRESTVIEW FLORIDA Zip 32536 Country U.S.A.	

4. FEI Number 22-3514936	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEEDS, DARLA 333 RACETRACK ROAD, #109 FT. WALTON BEACH, FL 32547		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1328 NORTH FERDON BLVD, #254 City CRESTVIEW, FL Zip Code 32536	
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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 Darla Leeds DARLA LEEDS, PRESIDENT APRIL 26, 2004  
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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP LEEDS, DARLA 333 RACETRACK ROAD, #109 FT. WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT 1328 NORTH FERDON BLVD, #254 CRESTVIEW, FLORIDA 32536 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: Darla Leeds DARLA LEEDS, PRESIDENT APRIL 26, 2004 850-758-0103  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #