

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F18286		
1. Entity Name LEASURE SURFBOARDS, INC.		

Principal Place of Business 109 N. ORLANDO AVENUE COCOA BEACH FL 32931	Mailing Address 109 N. ORLANDO AVENUE COCOA BEACH FL 32931
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-2070780	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEASURE, EDWARD C. 109 N. ORLANDO AVE. COCOA BEACH FL 32931		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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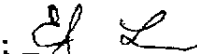
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reconstituting)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VP	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME	LEASURE, JAMES E.		NAME				
STREET ADDRESS	109 N. ORLANDO AVE.		STREET ADDRESS				
CITY- ST- ZIP	COCOA BCH, FL 00000		CITY- ST- ZIP				
TITLE	P	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME	LEASURE, EDWARD C.		NAME				
STREET ADDRESS	109 N. ORLANDO AVE.		STREET ADDRESS				
CITY- ST- ZIP	COCOA BCH, FL 00000		CITY- ST- ZIP				
TITLE	ST	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME	LEASURE, JAMES E		NAME				
STREET ADDRESS	109 N. ORLANDO AVE.		STREET ADDRESS				
CITY- ST- ZIP	COCOA BCH, FL 0		CITY- ST- ZIP				
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY- ST- ZIP			CITY- ST- ZIP				
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY- ST- ZIP			CITY- ST- ZIP				
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY- ST- ZIP			CITY- ST- ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	2/3/06	(407) 235-1315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		