

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F18286

FILED
Dec 21, 2009
Secretary of State

Entity Name: LEASURE SURFBOARDS, INC.

Current Principal Place of Business:

109 N. ORLANDO AVENUE
COCOA BEACH, FL 32931

New Principal Place of Business:

5057 ISLEWORTH COUNTRY CLUB DR
WINDERMERE, FL 34786

Current Mailing Address:

5600 INTERNATIONAL DRIVE
ORLANDO, FL 32819

New Mailing Address:

5057 ISLEWORTH COUNTRY CLUB DR
WINDERMERE, FL 34786

FEI Number: 59-2070780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEASURE, EDWARD C.
9731 CHESTNUT RIDGE PL.
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

LEASURE, EDWARD C.
5057 ISLEWORTH COUNTRY CLUB DR
WINDERMERE, FL 34786 US

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.

SIGNATURE: EDWARD C LEASURE

12/21/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LEASURE, JAMES E.
Address: 109 N. ORLANDO AVE.
City-St-Zip: COCOA BCH, FL 00000,

Title: P () Delete
Name: LEASURE, EDWARD C.
Address: 9731 CHESTNUT RIDGE PL
City-St-Zip: WINDERMERE, FL 34786

Title: ST (X) Delete
Name: LEASURE, JAMES E
Address: 109 N. ORLANDO AVE.
City-St-Zip: COCOA BCH, FL 0,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: LEASURE, JAMES E.
Address: 109 N. ORLANDO AVE.
City-St-Zip: COCOA BEACH, FL 32931

Title: P (X) Change () Addition
Name: LEASURE, EDWARD C
Address: 5057 ISLEWORTH COUNTRY CLUB DR
City-St-Zip: WINDERMERE, FL 34786

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD C LEASURE

P

12/21/2009

Electronic Signature of Signing Officer or Director

Date