## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000001690

Entity Name: LEISURETIME SERVICES, INC. OF DELAWARE

**FILED** Feb 12, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

17809 PORT BOCA CIR 2104 WEST FIRST ST. FT MYERS, FL 33908

2601

FT MYERS, FL 33908

**Current Mailing Address: New Mailing Address:** 

17809 PORT BOCA CIR 2104 WEST FIRST ST. FT MYERS, FL 33908 2601

FT MYERS, FL 33908

FEI Number: 51-0364226 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VECCHIE, DONALD J VECCHIE, DONALD J 2104 WEST FIRST ST. 17809 PORT BOCA CIRCLE FT MYERS, FL 33908 2601 FT MYERS, FL 33908 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: 02/12/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC ( ) Delete Title: (X) Change ( ) Addition

VECCHIE, DONALD J VECCHIE, DONALD J Name: Name: 2104 WEST FIRST ST. #2601 17809 PORT BOCA CIRCLE Address: Address: City-St-Zip: FT. MYERS, FL 33908 City-St-Zip: FT. MYERS, FL 33908

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.

Ρ SIGNATURE: DONALD J. VECCHIE 02/12/2008