

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H76623

FILED
Apr 30, 2004
Secretary of State

Entity Name: LEADING EDGE FINANCIAL GROUP, INC.

Current Principal Place of Business:

6700 WINKLER RD
STE 4
FT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 60015
FT MYERS, FL 339066015 US

New Mailing Address:

6700 WINKLER RD
STE 4
FT MYERS, FL 33919 US

FEI Number: 59-2643556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAIMEY, DONALD C., JR.
6700 WINKLER RD
STE 4
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAIMEY, DONALD C.,
Address: 18516 DEEP PASSAGE LN
City-St-Zip: FT MYERS BCH, FL 33931

Title: ST () Delete
Name: RAIMEY, KIMBERLY D.,
Address: 18516 DEEP PASSAGE LN
City-St-Zip: FT MYERS BCH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KIMBERLY D RAIMEY

ST

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date