


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90049 029 ***150.00

DOCUMENT # L54842

1. Entity Name
AMERICA LEISURE PLUS, INC.



Principal Place of Business Mailing Address
6979 TAMIAAMI TRL **6979 TAMIAAMI TRL**
SARASOTA, FL 34239 US **SARASOTA, FL 34239 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

04092007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0178842 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

ELY, ROBERT
6979 TAMIAAMI TRL S
SARASOTA, FL 34231

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ELY, ROBERT P.	
STREET ADDRESS	2048 BEE RIDGE ROAD	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEBER, DAVID	
STREET ADDRESS	2048 BEE RIDGE ROAD	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STATTON, ROBERT	
STREET ADDRESS	2048 BEE RIDGE ROAD	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6979 S. TAMIAAMI TR.	
CITY-ST-ZIP	SARASOTA, FL. 34231	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6979 S. TAMIAAMI TR.	
CITY-ST-ZIP	SARASOTA, FL. 34231	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6979 S. TAMIAAMI TR.	
CITY-ST-ZIP	SARASOTA, FL. 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert Ely 4/19/07 941-925-0383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #