2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 02, 2005 8:00 am **Secretary of State** DOCUMENT # L83306 1. Entity Name 02-02-2005 90059 014 ***150.00 LEIGHTON'S SALES COMPANY Principal Place of Business Mailing Address 1203 W COMMERCE AVE HAINES CITY FL 33844 1203 W COMMERCE AVE HAINES CITY FL 33844 50009687 2. Principal Place of Business 3. Mailing Address PO BOX 135 E. Swoo*p*e CR2E034 (10/04) City & State City & State 4. FEI Number Applied For Lake Al 59-3022228 9Ke Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHEN-POSEY, KATE 135 E. SWOOPE ST. Street Address (P.O. Box Number is Not Acceptable) LAKE ALFRED FL 33850 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition COHEN-POSEY, KATE NAME NAME 135 E. SWOOPE ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE ALFRED FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition COHEN-POSEY, KATE STREET ADDRESS 135 E. SWOOPE ST. STREET ADDRESS CITY-ST-ZIP L'AKE ALFRED FL CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 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 add ess, with all other like empowered.

FILED