

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000002227

1. Entity Name
LEESBURG JUNIOR JACKETS, INC.



Principal Place of Business
**227 BENTBOUGH DR.
LEESBURG, FL 34748**

Mailing Address
**227 BENTBOUGH DR.
LEESBURG, FL 34748**

DO NOT WRITE IN THIS SPACE



05072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3639315

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, CHARLES D ESQ
907 WEBSTER ST.
LEESBURG, FL 34748**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000160389
05/14/04-80001-002 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MATHEWS, JAMES
227 BENTBOUGH DR.
LEESBURG, FL 34748**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MITCHELL, PERNELL
2327 CENTINEL BLVD.
LEESBURG, FL 34748**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
COSGROVE, ROBERT
2327 CENTINEL BLVD
LEESBURG, FL 34748**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:

James D. Mathews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/04 (352) 237-3866
Date Daytime Phone #