

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N03000007903</b> 1. Entity Name <b>LEISURE AMUSEMENT RECREATION ASSOCIATION INC.</b>					
Principal Place of Business <b>644 CAPITAL CIRCLE NE TALLAHASSEE, FL 32301</b>			Mailing Address <b>644 CAPITAL CIRCLE NE TALLAHASSEE, FL 32301</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RHINEHART, ROBERT S 644 CAPITAL CIRCLE NE TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <b>4/27/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
PD FALCIGNO, ANTHONY 975 IMPERIAL GOLF COURSE BLVD PMB 78 NAPLES, FL 34110		900035735179 05/07/04--01020--025 **\$61.25			
D GASKINS, DON 1841 BANANA ST CHARLOTTE HARBOR, FL 33980		Change Addition			
D MOHR, PAM 6813 S TAMiami TR SARASOTA, FL 34231		Change Addition			
STD CANDITO, JOE 2626 E TAMiami TR STE 3 NAPLES, FL 34112		Change Addition			
D RHINEHART, BOB 644 CAPITAL CIRCLE NE TALLAHASSEE, FL 32301		Change Addition			
Change Addition		Change Addition			
12. I hereby certify that the information supplied with this filing 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <b>4/27/04</b> Daytime Phone #: <b>825 3134</b>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04192004 Chg-NP CR2E037 (10/03)