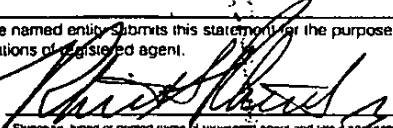
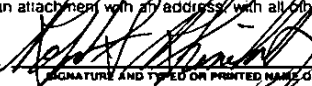


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Jun 19, 2006 8:00 am
Secretary of State

05-11-2006 90245 050 ****61.25

DOCUMENT # N03000007903 1. Entity Name LEISURE AMUSEMENT RECREATION ASSOCIATION INC.					
Principal Place of Business 644 CAPITAL CIRCLE NE TALLAHASSEE FL 32301			Mailing Address 644 CAPITAL CIRCLE NE TALLAHASSEE FL 32301		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-0225844	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RHINEHART, ROBERT S 644 CAPITAL CIRCLE NE TALLAHASSEE FL 32301				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. SIGNATURE:  (NOTE: Registered Agent signature required when reappointing) DATE:					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALCIGNO, ANTHONY 975 IMPERIAL GOLF COURSE BLVD PMB 76 NAPLES FL 34110	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASKINS, DON 1841 BANANA ST CHARLOTTE HARBOR FL 33980	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOHR, PAM 6813 S TAMiami TR SARASOTA FL 34231	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHINEHART, BOB 644 CAPITAL CIRCLE NE TALLAHASSEE FL 32301	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:  R.S. RHINEHART SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E037 (10/05)