


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

02-16-2006 90037 017 ****70.00
 04-17-2006 90371 009 ****61.25

DOCUMENT # N04000002784

1. Entity Name
 LADY LAKE BUSINESS LEADERS, INC.



Principal Place of Business
 6215 SE 182 AVE RD
 OCKLAWAHA, FL 32179

Mailing Address
 6215 SE 182 AVE RD
 OCKLAWAHA, FL 32179

2. Principal Place of Business
 6113 Spinnaker Loop

3. Mailing Address
 6113 Spinnaker Loop

Suite, Apt. #, etc.

City & State
 Lady Lake, FL

City & State
 Lady Lake, FL

Zip
 32159

Country
 Lake

40050918



04042006 Chg-NP CR2E037 (11/05)

4. FEI Number
 36-4555817

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, DEBRA
 6215 SE 182 AVE RD
 OCKLAWAHA, FL 32179

7. Name and Address of New Registered Agent

Name
 Baenes, Karen

Street Address (P.O. Box Number is Not Acceptable)
 1465 Blease Loop

City
 Lady Lake FL Zip Code
 32162

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 Karen S Baenes Karen S Barnes 4/4/06

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 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOURY, TOM P O BOX 198 DUNNELLON, FL 34430 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NORVELL, MICHAEL SR 34025 LEE AVE LEESBURG, FL 34788 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THOMPSON, DEBRA 6215 SE 182 AVE RD OCKLAWAHA, FL 32179 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEPORE, JELJ 10201 SE 170TH PLACE SUMMERFIELD, FL 34491 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Stephen Stiffler 6113 Spinnaker Loop Lady Lake, FL 32159 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Karen Barnes 1465 Blease Loop Lady Lake, FL 32162 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lepore, Jeff (misspelled) before <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Karen S Baenes 4/4/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #