


**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90027 017 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N05000006331</b>			
1. Entity Name <b>LEESBURG STING, INC.</b>			
Principal Place of Business 700 E MAIN STREET LEESBURG, FL 34748		Mailing Address 700 E MAIN STREET LEESBURG, FL 34748	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MAGRUDER, DONALD G</b> 700 E MAIN STREET LEESBURG, FL 34748		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	<b>FL</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			
TITLE	D <input type="checkbox"/> Delete		
NAME	MAGRUDER, DONALD G		
STREET ADDRESS	4340 LAKE STREET		
CITY-ST-ZIP	LEESBURG, FL 34748		
TITLE	D <input type="checkbox"/> Delete		
NAME	MAGRUDER, CHARLOTTE D		
STREET ADDRESS	4340 LAKE STREET		
CITY-ST-ZIP	LEESBURG, FL 34748		
TITLE	D <input type="checkbox"/> Delete		
NAME	HARVEY, PAUL E		
STREET ADDRESS	27410 GRAYS AIRPORT ROAD		
CITY-ST-ZIP	LADY LAKE, FL 32159		
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: <b>Donald G. Magruder</b>		01/16/07 352-787-4545	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50000810



01162007 Chg-NP CR2E037 (12/06)

4. FEI Number  
20-3081073

Applied For  
Not Applicable

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