2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N08000010905

Entity Name: LEESAR, INC.

Current Principal Place of Business:

401 LEONARD BLVD NORTH
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

401 LEONARD BLVD NORTH
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 26-3818222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIDDLEBROOKS, J. HUGH
200 SOUTH ORANGE AVE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MACKENZIE, GWEN	
Address:	1700 SOUTH TAMIAMI TRAIL	
City-St-Zip:	SARASOTA, FL 34239	
Title:	D	( ) Delete
Name:	HARRINGTON, MICHAEL	
Address:	1700 SOUTH TAMIAMI TRAIL	
City-St-Zip:	SARASOTA, FL 34239	
Title:	D	( ) Delete
Name:	NATHAN, JIM	
Address:	2776 CLEVELAND AVE	
City-St-Zip:	FT MYERS, FL 33901	
Title:	D	( ) Delete
Name:	WIEST, JOHN	
Address:	2776 CLEVELAND AVE	
City-St-Zip:	FT MYERS, FL 33901	
Title:	D	( ) Delete
Name:	GERMAN, MIKE	
Address:	2776 CLEVELAND AVE	
City-St-Zip:	FT MYERS, FL 33901	
Title:	D	( ) Delete
Name:	SIMPSON, ROBERT	
Address:	401 LEONARD BLVD NORTH	
City-St-Zip:	LEHIGH ACRES, FL 33971	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	NATHAN, JAMES	
Address:	2776 CLEVELAND AVE	
City-St-Zip:	FT MYERS, FL 33901	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWEN MACKENZIE P 04/29/2009

Electronic Signature of Signing Officer or Director — Date